

## About Us

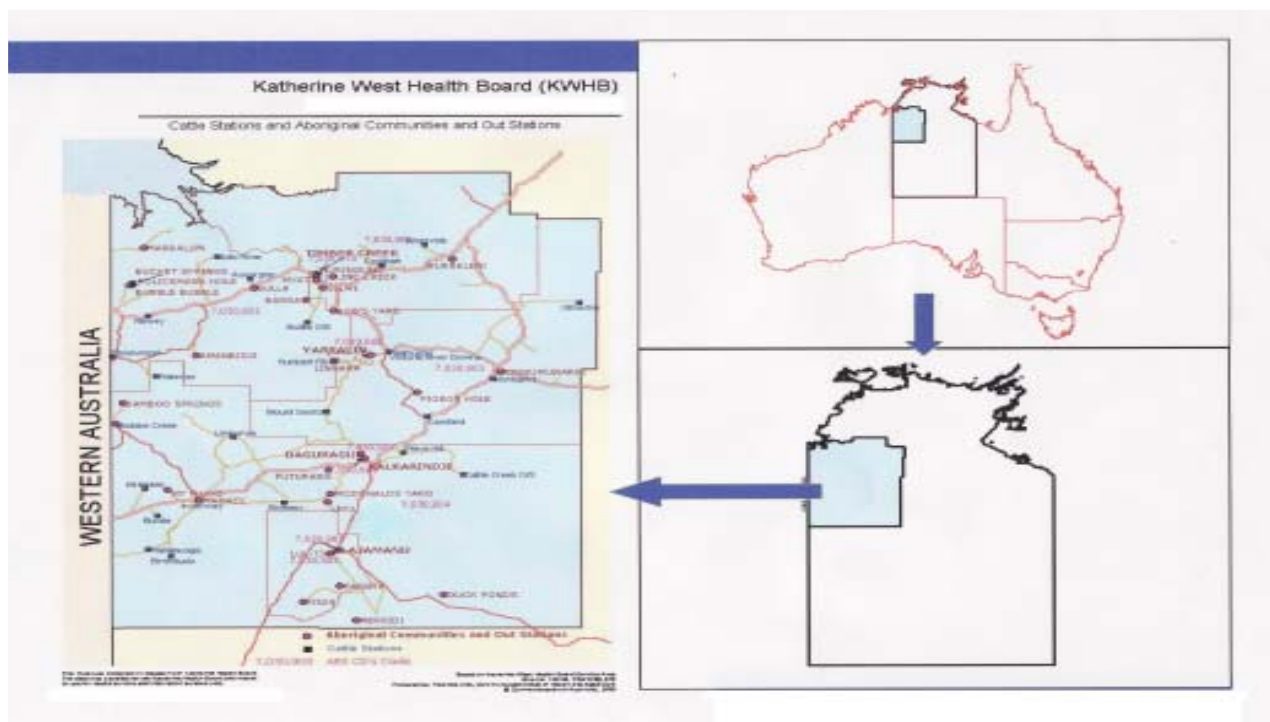
KWHB is a community controlled primary healthcare service governed by a board of 18 Aboriginal representatives, who are selected by their communities in the Katherine West region of the Northern Territory (NT).

First proposed in 1995-1996 as part of the 'Katherine West Coordinated Care Trial', KWHB has developed significantly since the early days. In 1998, KWHB became the purchaser of health services for its region, and throughout 1999-2001 it became a provider of clinical and public health services.

In 2008, KWHB is the major provider of clinical and public health services in the Katherine West region, aiming to meet the needs of the approximately 3,300 rural population (predominantly Aboriginal) living in the 9 major communities and outstations.

The communities - Lajamanu, Kalkaringi, Daguragu, Yarralin, Timber Creek, Bulla, Nijpurru (aka Bunbidee and Pigeon Hole), Lingara and Mialuni are scattered across a geographic region of 162,000 square Kilometres.

A mobile health team of two Remote Area Nurses (Katherine based) cover the entire Geographic area, visiting and providing health care to cattle stations, Aboriginal outstations, ranger stations and road houses in the region.



## Service Delivery

Service delivery by the KWHB is based on Memoranda of Understanding (MOU) made with each of the Community Government Councils in the region. MOU's provide an understanding for information sharing, service provision, negotiating arrangements and participation in policy development. The MOU's also detail when, how and what services are provided at a health centre level. Moving forward, these MOUs need to be revisited in light of the establishment of new Super Shires by the Northern Territory Government.

## Primary Health Care Programs

PHC Element	KWHB Program
Education concerning prevailing health problems and the methods of preventing and controlling them	Health Promotion
Promotion of food supply and proper nutrition	Nutrition
An adequate supply of safe water and basic sanitation	Environmental health
Maternal and child health care, including family planning	Maternal and women's health, child health, healthy families
Immunization against the major infectious diseases	Health centre (childhood and adult immunisations programs)
Prevention and control of locally endemic diseases	Health centre, health promotion , maternal and women's health, child health, environmental health, punyu ngape, alcohol and other drugs
Appropriate treatment of common diseases and injuries	Health centres
Provision of essential drugs	Health centres, Pharmacy, Stores + admin support /logistics from KWHB office staff

Table 8: Elements of PHC (WHO 1978)

## Katherine West Health Board

Katherine West Health Board is governed by an 18 member Health Board consisting of Aboriginal representatives who are elected by their communities, which reside in the KWHB region. The AGM was held in Kalkarindji on 24 October 2007.



*This year's AGM was held in Kalkarindi community*

The role of the health board is to represent the interests of community members and provide direction to KWHB staff. The structure of the Katherine West Health Board is based on the philosophy of Aboriginal Community Control. The Board meets four times per year and has a six member executive that meets regularly.

In addition to Full Board meetings and Executive Board meetings, KWHB's Board members displayed extraordinary commitment by participating in governance training about roles and responsibilities provided by an external consultant; attending open community meetings in each community as part of the "Back to the Bush" Strategy; and providing cultural safety by partnering the CEO at a wide range of other meetings.

Some other meetings attended and at which presentations were made by Board Members were:

**Open Community Meetings** in Lajamanu; Kalkarindji/Daguragu; Yarralin; Nijpurru; Gilwi; Myatt; and Bulla

**Money Story and Governance** training in Katherine

**Cultural Orientation Project Consultative Meeting**, Katherine

**Healthy for Life Conference**, Adelaide

**DoHA Regional Health Strategy Workshop**, Darwin

**Budgeri Booroody: excellence in Aboriginal and Torres Strait Islander health conference**, Sydney

**AMSANT meetings**, Darwin, Tennant Creek

**Provision of information to about the KWHB Coordinated Care model experience**, Kintore, Harts Range, Ampilatwatja, Utopia, Jabiru, Oenpelli

**KWHB Risk Assessment** conducted by OATSIH, Katherine

# Executive Board Members

## Office Holders



Chairperson

Joseph Cox  
Doojum



Vice Chairperson

Willie Johnson  
Lajamanu



Secretary

Josie Jones  
Timber Creek



Treasurer

Sandra Campbell  
Yarralin



Honorary Board Member

Jack Little  
Bulla



Jeremy Frith  
Kalkarindji



Doris Lewis  
Lajamanu

## Full Board Members



Sabrina Lewis  
Lajamanu



Peter Chubb  
Yarralin



Roslyn Frith  
Kalkaringi / Daguragu



Doris Lewis  
Lajamanu



Estelle Long  
Bulla



Norbert Patrick  
Lajamanu



Jonathon Mick  
Kalkaringi / Daguragu



Steven Lewis  
Timber Creek



Riley Young  
Yarralin





## Chairperson's Message

### A Hard Year

We have had a hard year standing up fighting for our community members. We have especially been fighting for better patient travel services and better AIRMED services.

We have tried very hard to stand up for our communities when there have been problems, both in speaking up with government and in the media. "When things happen, go wrong, we're there straight away. We're there for the community. We have to stand up."

*Joseph Cox, Chair of the  
Katherine West Health Board*

### Community Consultations

This year we have continued to hold open community meetings. It is very important for us that we provide opportunities for our community members to be able to speak directly to us. This is the difference between a government service and an Aboriginal Community Controlled Health Service. We have still have a long way to go to keep earning the trust of the communities. Next year we hope to spend more time on the ground talking to our mob about our health service and future planning.



*Open community meetings are held in every community at least once per year and board members always try to attend.. It's very important to us to provide opportunities for our community members to be able to speak directly to us*

### Governance Training

Over the past year our Board has been involved in a Governance Training Project, which has helped us learn about the roles and responsibilities of the Board.

We have learned about the new legislation coming in for Aboriginal Corporations, and have subsequently developed our own Board rule book.

More training sessions are scheduled during the next six months with our Governance Consultant, Rob Burdon.

In the coming year, our Board will be reviewing our Constitution, looking in particular at ways to improve our governance. We also hope to get some funding so that we can start creating a new strategic plan.



*Board members continued with governance training and Money Story training this year*

## Excerpts from our new rule book.....

### Guiding Principles and Objectives

#### **The Corporation is guided by the following principles:**

- That health and well being includes the physical, mental, emotional and spiritual well being of the person and the community
- Work as a team Aboriginal and non-Aboriginal together
- Commitment to our work and doing the best we can
- Promote respect and trust
- Respect for ourselves and others
- Respect for the autonomy of our communities
- Promote and maintain culture
- Good and open communications, talking and listening
- Moving forward carefully one step at a time
- Looking after the head, heart, body and soul of our corporation and members
- We will demonstrate strong leadership

#### **The corporation primary purpose:**

Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory of Australia.

#### **The corporation aims to:-**

- relieve sickness & poverty, disadvantage among the Indigenous people of the Katherine West Region- improve the health and well being of our members and communities      develop strategic alliances and friendships between Aboriginal & "mainstream" or Government entities, agencies responsible for health related services in our Region
- provide holistic health related services in our region that are required now or may be needed in the future including allied health therapies
- develop appropriate public health & education programs
- collate Indigenous health data and information to assist in the development of policy, advocacy & health intervention strategies
- be an advocate for our Communities and members to improve their health and well being
- receive and spend all grant funding ensuring accountability to funding donors & members
- provide assistance to member communities to enable self reliance & responsibility for their own wellbeing- ensure member communities are involved in health planning, program development & implementation
- arrest social disintegration in our communities the fostering and support of culturally appropriate health programs
- provide assistance to communities in finding solutions to drug & alcohol problems in communities promote information in the wider community about:
  - \* the special difficulties experienced by Aboriginal people as a minority within the broader community
  - \* the existing inequalities in the health status between Aboriginal people of the Katherine West Region and the wider Australian Community
  - \* the need for support from the governmental and other agencies in order for such problems to be overcome
- promote community development, education, employment and training opportunities for member Communities, in particular the training and employment of local Aboriginal people chosen by the community to be Aboriginal Health Workers
- promote the role and function of Aboriginal Health Workers by lobbying for the advocacy of the following principles:
  - \* that Aboriginal Health Workers be in charge of the delivery of health programs in Aboriginal communities
  - \* that Aboriginal Health Workers be enabled to achieve a maximum degree of skill through ongoing professional development, education and training
  - \* that non-Aboriginal health professionals employed by any service providers perform functions that assist and support the functions of the Aboriginal Health Workers rather than replace them
- the promotion of culturally appropriate methods of managing and preventing health problems in the region involving the recognition and support of the vital role of traditional health practitioners and birth attendants in the provision of primary health care services in our region.

# Ten Year Celebrations

This year Jack Little and I were very happy to celebrate our ten year anniversary with Katherine West Health Board. It was great to celebrate this with a lot of our friends, family and staff at Timber Creek.

Some long term staff were also there with us for the whole ten years and we celebrated their time with the organisation too.



JOSEPH COX

CHAIRPERSON



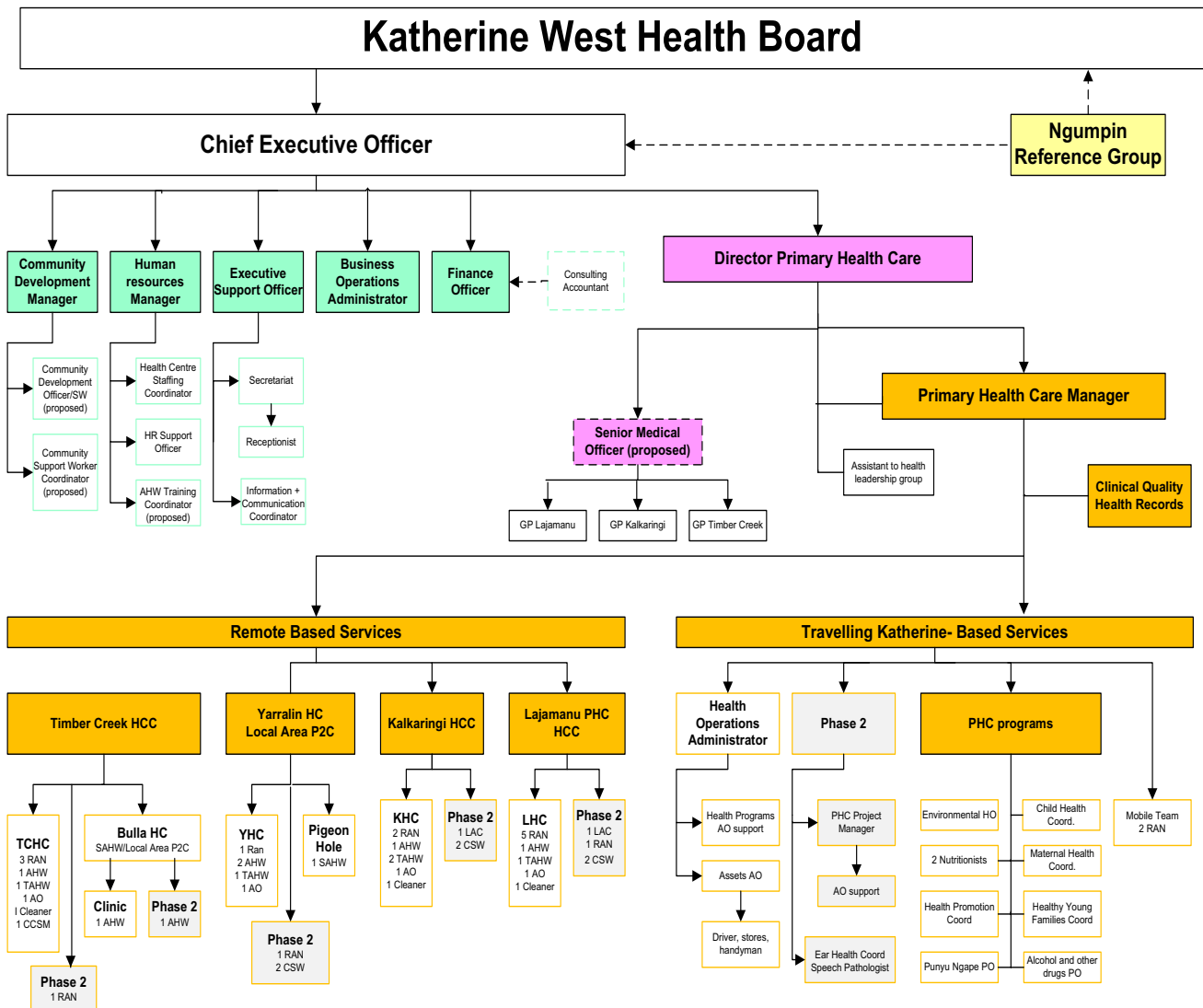
*Ten Year Anniversary – Joseph Cox and Jack Little – Board members since Day One*

*Board members and staff getting together for Rose Peckham's and Suzi Berto's 10<sup>th</sup> anniversary*



# Organisational Structure

The organisational chart outlines the relationships between the Board and KWHB staff, and line management within the organisation.





# CEO's Report

## A demanding, challenging year

The past 12 months have been incredibly demanding and busy, largely because of:



CEO Sean Heffernan

1. the Commonwealth led NT Emergency Response which included KWHB's involvement in phase 1 (child health checks) and phase 2 (follow up child health services) of the *Intervention*;
2. our participation in an independent review of the death of Julama at Kalkaringi Airstrip in August of 2006 and the subsequent Coronial Inquiry;
3. KWHB's appearance and presentation to the Senate Inquiry into patient travel, Australia-wide and our documented input into the accompanying publication *Highway to Health: Better Access for Rural, Regional and Remote Patients*.
4. and our continued advocacy to improve the NT Aero-medical Service (NTAMS) for our remote clients.

## Major achievements for the year

### Higher level of service delivery

KWHB continues to maintain a sound financial position evidenced by a modest end of year surplus, cash at the bank and a positive working capital ratio. KWHB also signed off on a new Collective Agreement this year, which saw the delivery of increases in staffing benefits across the board. KWHB has been able to maintain the delivery of a high quality Primary Health Care service to all communities in our region, despite a major increase in workload due to the need to provide an estimated extra \$1.5M of child health services related to the NT Emergency Response.

### Advocacy

This year saw KWHB taking up important issues in our sector for clients in the public domain. Representatives from our Board and Senior Management attended the Senate Inquiry into patient travel. Important input from KWHB representatives around patient travel funding and cultural safety were documented and quoted in the published inquiry document *Highway to Health: Better Access for Rural, Regional and Remote Patients*. We also continued our strident advocacy for patient travel issues by taking up individual incidents, brought to our attention by our community residents.



Board Chairman,, CEO, asnd staff, including corporate, community development and management staff on the verandah of Yarralin Health centre

The Kalkaringi Coronial continued on throughout this year with KWHB staff giving evidence at the hearing. The coronial findings were due to be handed down late this year. This coronial has been a stressful time for our organisation. The loss of a senior elder from Kalkaringi community was traumatic for the family, community and our staff and board. Hopefully, the Coronial findings will bring a way forward for the NT Government and KWHB to better appreciate and manage all of the complex challenges associated with the remote patient journey.

## Community engagement

KWHB continued to place a major emphasis on intensive community engagement. This engagement takes the form of open community meetings, leadership group meetings (including Senior Aboriginal staff), quarterly Primary Health Care staff meetings including Senior Aboriginal Health Workers and regular meetings of the Ngumpin (Aboriginal) Reference Group. Throughout the course of the year, this focus has borne fruit with greater cross flows of communication and more grass roots involvement of board members. All of this has had an ultimate impact on better health service delivery.



*Open community meeting at the park in Lajamanu*

## Integrated staffing model

This year KWHB implemented a new integrated staffing model under the Commonwealth *Healthy for Life* program. This implementation occurred over time and after a great deal of consultation by staff. The new model basically meant that our clinical and population health streams have become more integrated with greater collaboration.

Also, our corporate and administrative support has been organised around the priority focus of remote health service delivery. This initiative has meant a less hierarchical organisational structure, resulting in more sharing of information across work portfolios.

It has also meant that there is a more central focus to our primary health care leadership and has helped to reduce the tendency towards silo-ed work stations in the organisation. This is a very difficult outcome to achieve and requires sustained, persistent work considering the large geographical area KWHB does have to cover and the inherent difficulties in facilitating effective communication.



*Open community meeting under the trees at Nijpurru*



*CEO Sean Heffernan with managers David Lines (Community Development), Bec Gooley (Primary Health Care) and Director of Primary Health Care Dr Andrew Bell.*

## **Future directions for the coming year**

In the next 12 months KWHB will advocate across a range of issues with our Commonwealth and Northern Territory Government funding bodies. This advocacy will concentrate on:

### **Infrastructure**

KWHB requires improved infrastructure in terms of housing and office space for both our communities and administrative centre in Katherine. Over the past 12 months Kristine Battye carried out a capital scoping and health services planning review of KWHB. This report documented the need for 11 new health staff and management houses for the bush and 11 houses for our remote Aboriginal Health Workers. This increased infrastructure is sorely needed by KWHB in the current environment of increasing service delivery.

### **Funding formula – population rebasing**

KWHB's Communicare patient information recall system demonstrates a major under calculation of KWHB's client population. This is significant because it means our funding, which is based upon population levels, is underestimated. Acknowledgement by our funding bodies of the need to redress this matter would mean a fundamental increase in KWHB's core funding levels. This will assist us to better service the health needs of our clients in the bush.

### **Commitment to full staffing levels**

KWHB increasingly emphasises the need to maintain full staffing levels across all health centres and in our Katherine administrative centre. Through a systems assessment of our services, KWHB has identified gaps in service delivery.

The first step to address these gaps is to intensify our efforts to maintain full staffing levels. We believe this will also have an impact on staffing retention. We need to retain skilled, experienced staff and to reduce the high staffing turnover cycle. This is imperative to achieving this aim

Continued emphasis on roll out of collaboratives and intensive community engagement

KWHB will continue our major focus on community engagement and on working through the Ngumpin Reference Group to ensure all of our health service delivery is carried out in a culturally safe manner. Similarly, KWHB believes that our collaborative approach to patient management will see improved health outcomes over time for our clients in the Katherine West region.



SEAN HEFFERNAN

CHIEF EXECUTIVE OFFICER



## Community Development & Cultural Safety

KWHB continues to work on ways to enhance community development and cultural safety. This year, these principles were given more status with the reintroduction of a Community Development Manager position, included in the staffing establishment of the newly integrated staffing model. The position, held by ex-Senior Aboriginal Health Worker David Lines, has responsibility for advising on ways cultural safety is incorporated in to all organisational systems and practice.



*Board members, health centre staff and managers meeting with architects at Lajamanu*

The Community Development Manager plays a key role in a number of KWHB's decision-making groups and is a member of the KWHB Executive Leadership Group.

This year, a number of mechanisms and strategies were implemented and improved upon. This enabled the Board, KWHB communities and Aboriginal Health Workers to have a more formal say in planning and decision making for the organisation.

### **Ngumbin Reference Group (NRG)**

The KWHB Ngumbin Reference Group (NRG) was established in May 2008, and two meetings were held by the end of the year. The NRG is comprised of the Senior AHWs, Board Members, and the Community Development Manager engaging with senior Ngumbin community members from the region.

Most members of this group have AHW training and/or experience in governance as well as specific expertise in community cultural systems. The group are able to provide unique insights into community needs and specialist advise on cultural processes. Because of these insights, the group are able to facilitate the merging of evidence-based health information with cultural beliefs.

AHWs and Board members have to understand and endorse any programs or initiatives prior to them being implemented into Ngumpin communities. They also review programs and resources for cultural safety and accessibility.



Representation on the NRG includes a combination of younger and older community men and women. As an evolving Aboriginal Health Organisation operating in a complex cross cultural environment, KWHB has identified the need for the NRG to develop an overall cultural safety policy framework, to guide all of KWHB's operations

It is vitally important that the KWHB Senior Management is guided in a culturally safe manner to ensure our health service delivery is culturally sensitive and appropriate. It is also important to be able to evaluate new and emerging approaches to health service delivery that ensures cultural safety will continue to be a major guiding principle.

### **Dedicated Support for Aboriginal Health Workers (AHWs)**

In this 12 month period development of Aboriginal Health Workers continued with two 3-day AHW In-services, attended by trainees and Registered AHWs. The issues discussed were varied, ranging from the KWHB Integrated Primary Health Care Model to management and program Coordinator presentations/updates, to the AHWs providing input into the DHCS Cultural Security Policy.

It was also an opportunity for AHWs to raise important issues that impacted on them, the Health Centres and improvements needed with health service delivery systems internally and externally with patient care. The in-services were well attended and feedback received has been positive. Important issues raised were brought to the attention of senior management and the board. External training courses were attended throughout the year by the registered AHWs.

Trainee AHWs (TAHWs) now receive nationally accredited training through the Batchelor Institute, which requires a higher level of literacy and numeracy skills. Greater workplace support is provided during the first 6-12 months for students studying the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care. This has been identified as a challenge area for the organization, and KWHB is exploring the establishment of an AHW Educator Position to address this important priority.

The AHWs should be congratulated for their ongoing commitment and hard work in their Health Centres. Their valuable input at the AHW In-services and Ngumbin Reference Group Meetings has been outstanding in this year of great change and very busy workloads.

### **Open Community Meetings**

Open community meetings have been occurring for 3 years now, but this year community members asked management and staff to spend greater lengths of time on these visits so that issues can be discussed in more depth. Staff and Board members have travelled out to each community for several days at least once in this 12 month period to hold community meetings.

With management and a number of primary health staff based in Katherine, the community meetings give Ngumbin people an opportunity to have input into health service delivery to suit the unique remote community needs. KWHB has learnt to be better advocates for communities through the open community meetings process, when external health systems or agencies do not effectively meet their basic needs.

Every two years during open community meetings, community members have the opportunity to nominate and elect their own Board Members that they want to represent them at board meetings.

# Primary Health Care Leadership

This was a very challenging year.

The past year saw significant change in primary health care services at Katherine West Health Board. The year started with some very clear directions - in particular, the introduction of a new model of health service delivery emphasising unified direction for population health and clinical activity; and quality improvement of all areas of primary health care through implementation of a “collaborative” model.

Then the “Australian Government Intervention” came along. The intervention posed the challenge of how to use much needed additional resources for child health in ways that would fit with existing programs and plans - not sit outside the new integrated model - and be as acceptable as possible to communities – all within the limited timeframe available.

Despite greatly elevated workloads right across the organisation, success was achieved in carrying out the planned changes and successfully managing the intervention. Positive progress included:

- Restructure and bedding down of town-based positions as part of the Healthy for Life integrated model
- Commencement of intensive consultations and planning around sustainable integration of Ngumpin Community Support Workers into the remote health centre teams
- Healthy for Life Service Assessment Tool (SAT) audits involving a broad cross section of staff and board members travelling to each remote health centre and joining the remote teams to provide input
- Planned service expansion (outside that brought about by the Intervention), including successful recruitment to a number of new (and established) primary health program positions
- Promotion and acceptance of greater specialisation of administrative support roles, and improved integration and communication across all functions within the service
- The commencement of a dedicated Clinical Quality Coordinator position enabling a greater focus on clinical quality improvement, especially via the ‘National Primary Care Collaboratives’ (NPCC) model
- Remote, especially direct Aboriginal Health Worker and Board member input into service planning
- Advocacy, especially related to PATS and the Commonwealth child health intervention

## A New Model of Health Leadership

An area that was significantly reformed was that of ‘health leadership.’ Previously the ‘clinical’ services provided by remote health centres and the ‘population health’ services provided by the Katherine based programs had evolved to be led by different managers and often be quite different in their approaches.

These two schools of primary health services were brought together under a single ‘primary health care’ leadership team, with common aims, goals and strategies arising from close collaboration.

A valuable mechanism for reinforcing the integrated approach has been quarterly meetings, which bring members of the remote and town-based primary health service providers together with management and support staff. All members of the team are required to participate – ideas, experiences and problems pertaining to the delivery of services on the ground are shared face to face; priorities, goals and approaches for the team as a whole are clarified and reinforced so that everyone is moving in the same direction to improve better health outcomes for clients.

## Quality Management Systems

### The “Collaboratives” (working together)

During the previous year Timber Creek, Bulla, Mialuni, Yarralin, and Pigeon Hole communities continued their participation in the National Primary Care Collaboratives (NPCC). This program is a rapid cycle quality improvement process aimed at improving management of diabetes and ischaemic heart disease in primary care.

An added benefit was the opportunity to measure the quality of care KWHB provides in these areas and compare it with participating mainstream General Practices. The results demonstrated very clearly the power of the rapid cycle quality improvement approach in increasing the quality of care in diabetes, with changes we expect will result in significantly improved clinical outcomes. Secondly it demonstrated that the remote multi-disciplinary teams are achieving results in indicators that are measured as the equal to, and in some cases, very much better than the participating mainstream general practices.



*Town based staff having their weekly web conference with remote staff – in this session having another information and communication technology - the new intranet - presented and discussed.*

As a result of this experience KWHB has expanded its own version of the “collaborative” across all health centres and the program areas using the “Plan, Do, Study, Act” approach of the NPCC. The four key areas are health promotion, maternal health, child health and chronic disease. This uses regular web based teleconferencing with all remote teams, resulting in a team approach across team organisation. The team focuses on identifying, as a team, quick achievable tasks using plan, do, study, act cycles to contribute to the long term goal. The key is to look at data along the way to measure improvements.

The ‘collaboratives’ are now well established as central to our quality improvement program.

Although the principles of rapid cycle quality improvement underpins this program, connecting remote and town based staff and therefore improving communication has been a flow on advantage.

Collectively the primary health care team through commitment, hard work, dedication and collaboration has contributed to the significant improvements in primary health care delivery throughout the region.

## **Quality Management Systems (cont.)**

### **Data, audit and research**

KWHB continues to use Communicare as its patient recall and information system. As well as being a medical record and recall system, Communicare allows the collection of quality data.

Staff undertook a second systems assessment workshop in Timber Creek, Yarralin, Kalkaringi and Lajamanu in April this year. These workshops were attended by primary health care staff, management, community members and board members. The purpose of these workshops was to get a broad perspective of organisational systems and how well they all link together.

Collectively this qualitative and quantitative analysis informs our recommendations for resource allocation for the next 12 months.

### **Accreditation**

KWHB remained committed to continuous quality improvement in primary health care, measuring standards against the AGPAL standards. Timber Creek and Yarralin are currently accredited against these standards and are due to line up again next year for accreditation. Kalkaringi have been undertaking accreditation this year, they had a site visit, and are in the process of finalizing accreditation at the moment.

### **Community consultation**

Primary health care staff participated in open community meetings as well as small group consultations around the region. These have been valuable in giving staff the opportunity to discuss health programs and receive feedback about health programs directly from community members. Primary health care staff also have the opportunity to collaborate with the Ngumpin Reference Group (NRG) for advice and guidance on how to ensure the content of programs and health promotion materials are relevant to the Katherine West region.

## **Australian Government Intervention: Child Health Checks and Follow-up**

A major and unplanned area of activity was the Australian Government Intervention's Child Health Checks and their follow-up services. Although this program was implemented suddenly and without careful planning, KWHB saw it as an opportunity to take advantage of much needed additional resources for child health. We also decided that if we could take control of as much of the program as possible we could undertake it in a more sensitive way, integrated with our other programs.

We didn't expect to find out anything new about child health as the average child in our community had undergone 1.2 "well child check-ups" in the last 12 months, but with other health services we successfully made the case that if screening activity was to be funded, then there was an obligation on government to devote sufficient resources to do the follow-up.

We were therefore able to implement more extensive programs in key areas such as ear health, healthy skin and trachoma than we have been able to previously.

Unfortunately the specialist services we hoped would be provided to complement this have not happened in a timely manner. In response to this we have now proposed to government that we be funded to provide our own dental follow-up services next year. The challenge for us now is to try and maintain the child health gains we have made with short term funding this year within our regular service delivery.

### **Expanded Health Delivery Initiative**

Although not part of the original "intervention", a working group between AMSANT, the NT Department of Health and OATSIH developed a proposal to fund the roll out of expanded comprehensive primary health care services, following on from the AGI child health services. Katherine West Health Board's success and data from our service were central arguments to this proposal. This proposal resulted in the Expanded Primary Health Care Initiative, with new funding of up to



\$50m per annum to support addressing inequalities in health funding across the remote NT, along with the development of regional health services in other regions. As part of this KWHB Board members have travelled widely to other regions to share their experience with developing their own health service.

Katherine West Health Board has now been delivering services on the ground for ten years. In many areas such as governance, remote information technology and quality management, we are now taking a leadership role in the sector. However the key focus of our effort will continue to be to find ways we can do things better for our own communities.



We had the Australian government intervention child health checks imposed on us in November last year. Although the child health checks were limited in identifying any morbidity we were not aware of, the extra resources we were afforded for the follow up added value to our existing child health program. The added resources were dedicated to applying the guidelines for the management of trachoma, ear disease and anaemia; resources were committed to health promotion and community consultation and to improve links between health services, schools, stores and referral services.

Collectively the primary health care team through commitment, hard work, dedication and collaboration has contributed to the significant improvements in primary health care delivery throughout the region.

# Primary Health Care Services

## Yarralin and Nijpurru (Pigeon Hole) Health Centres

Yarralin/Nijpurru were among the first of the health centres to be visited by the Australian Government Intervention (AGI) teams for Phase one of the intervention, Child Health Checks. At a later stage KWHB was able to secure funding to carry out the checks using their own staff, but Yarralin faced the challenge of working with AGI teams, many of whom had little or no experience working in the region.

While appreciative of the additional resources, supporting the AGI teams placed a strain on the Yarralin /Nijpurru staff who endeavored to provide cultural orientation, access to community members, as well as provide facilities to enable the work to be undertaken. Administrative systems have also been stretched as there has been a considerable amount of work generated by AGI initiatives such as income management, and requests for information to inform community profiles.

We have also seen the benefits of the KWHB collaborative process in management of prime clinical goals. Collaborative processes ask us to focus on specific goals for short periods of time to gain increased outcome within present resources. This has assisted the team to “fine tune” what we were doing and gain better results.

In contrast to last years high number of staffing changes, this year has seen relatively stable staffing. The team is made up of Aboriginal Health Workers Brian Pedwell, Lorraine Johns and Noleen Campbell as well as Widi Roggiro in the Administration officer role. The second remote area nurse position has continued to be filled by a number of relief staff, notably Gwyn Scott RN RM who has spent a significant amount of time at Yarralin over the past year and has been a much valued member of the team. Dr Louise Harwood also joined the Yarralin team in 2008. As the resident Timber Creek GP, Louise visits Yarralin on a fortnightly basis us.

Eunice Hector also commenced at the Health Centre in 2008 as a trainee Aboriginal Health Worker. Moving from Nitjpurru to Yarralin to undertake training, Eunice is progressing well through her studies at the Bachelor Institute and has been an enthusiastic trainee. It should be noted Eunice was a great support when the AGI work was taking place in Yarralin.



## **Nutrition**

The key focus areas for the Nutrition Program are food supply, training and support of community based Aboriginal Nutrition workers, and training and education for staff at the Health Centers, Women's Centers, crèches and schools. The main focus is prevention of chronic disease whilst addressing the key influences on the nutritional status of the community.

Work continues on improving the food supply to remote communities in the Katherine West region. To promote healthy and nutritious foods for the family, regular nutrition education sessions are conducted in the communities. The primary target groups are women of child bearing age, mothers and children.

## **Environmental Health**

A new Environmental Health Officer was appointed in mid March 2008 following the departure of the outgoing EHO in June 2007. As a consequence this severely disrupted environmental health activities.

Major changes have occurred in environmental health due to the:

- Intervention process
- New Shire Councils
- Community Housing management changes

These changes have instigated a re-evaluation of the role and function of environmental health within KWHB. Planning occurred for environmental health activities for the upcoming year based on the effect the above changes are expected to have on environmental health in communities.

## **Achievements 2007/2008**

1. Environmental health annual plan for 2007/2008 developed
2. Design of clinic and accommodation environmental audit tool. This will assist KWHB in being an example of an environmentally safe/conscious organisation by establishing good practice with respect to waste management, sharps disposal, chemical storage, cleanliness, food safety etc.
3. Design of a format for establishing a Community Environmental profile of each community. These will;
  - a. Provide a record of history/knowledge of environmental health activities and information
  - b. Be of assistance to funding bodies wishing to determine priorities for environmental health projects within a community or geographical area
  - c. Provide guidance for the strategic direction for environmental health within KWHB
  - d. Enable us to respond to funding bodies seeking information on potential projects.
  - e. Enable us to determine if there are any housing infrastructure failings or inadequacies that have the potential to affect "at risk" groups.
4. Legislative functions. Undertook inspections/audits and assessments of premises in accordance with relevant public health legislation.

## Kalkaringi Health Centre

There was never a dull moment at Kalkaringi last year...

The direction set for the Kalkaringi Health Centre for the year has been to focus on the CQI activities and core programs. Staff have aimed to invite clients to the health centre who could be offered health checks or follow up. The Collaboratives initiative has created a framework to support significant achievements in this area.

Although not many community activities have been held outside of the health centre, community engagement has improved. Kalkaringi CEC has sent numerous groups to the Health Centre for education, additionally the school utilised health service staff expertise to compliment the NT Curriculum Framework on Health, particularly the area of Sexual Health.



The new Kalkaringi Health Centre site was prepared and in early December 2007 construction commenced. There was much excitement as each stage was completed. There has only been one notable mishap during construction, a chap who decided it was faster to reach the ground by falling rather than climbing down his ladder.

Early in 2008 Kalkaringi Health Centre farewelled a long term Senior Aboriginal Health Worker, RR. After approximately 16 years of service to his community RR decided to hang up his health worker boots for some much deserved rest and relaxation. To have fulfilled the role with the challenges of living and working full time as the Senior Aboriginal Health Worker for 16 years has to be commended. Staff will always be thankful for RR's local knowledge and outstanding emergency clinical skills.

### **Chronic Disease**

The Preventable Chronic Disease Strategy (PCDS) was developed to collectively address five main chronic diseases: type 2 diabetes, hypertension, heart disease, kidney disease and chronic airways disease. Intervention aimed at reducing or changing risk factors are important, as these diseases are related to each other through their underlying causes.

The goal is to minimise or reduce the consequences of chronic disease and prevent or delay potential complications through effective management for the client, such as good glycaemic control in diabetics and self management programs for clients living with a chronic disease.

The chronic disease program has the following elements:

- Screening to identify people at risk of disease (Adult health checks)
- Best practice management using protocols – CARPA
- Regular reviews according to guidelines by a Patient Information Recall System
- Early referral for specialist review for kidney disease
- Prevention through brief intervention at every opportunity (SNAPE – smoking, nutrition, alcohol, physical activity, exercise)

The focus of the PCDS is to reduce chronic disease incidence, early diagnosis of new cases and best practice management of cases.



A few years earlier Helen Morris (Snr AHW) was also farewelled. The two recent retirements have left a hole within the Kalkaringi Health Centre. This integral role has been filled by Dee Hampton who possesses outstanding qualities. Dee continues to be unfazed by the many challenges of remote health, her commitment and enthusiasm in all aspects of health programs is encouraging. Of particular value is the education and support provided to both kartiya and ngumpin staff.

Kenny Ricky and Jnr King have progressed well through Health Worker training. Both have provided a great deal of support in the area of men's health during the last year. Their relationship with the community was valuable, not only in the day to day running of the health centre but also when emergencies arose. Kenny and Jnr helped out above and beyond their role to ensure the communities were kept informed during these stressful times.

Cynthia Roberts has added a spark to the health centre. Her wealth of experience as a Remote Area Nurse and calm approachable manner has been invaluable. Cynthia's ability to "get on with it" is one reason improvements have been made.

Iain Spiers has continued in his role as the General Practitioner. Iain is well liked and the community has found him approachable not only during the day but also after hours on the dance floor. The consistency of Iain being at Kalkaringi throughout the year is also a reason for the health centres success.

Together with the efforts of the core staff at Kalkaringi, the visiting KWHB staff, the Phase 2 AGI staff, the Kalkaringi Health Centre has had a positive year. The recruitment of Jenny Johnson as the permanent Administration Officer contributed to the success.



### **Chronic Disease (cont.)**

#### **Adult health checks**

The Adult Health Check's provide a standardised means to conduct health screening of adults. The check up determines the client's health status, identifies the need for preventative health care, education and early detection of chronic and other diseases. Prevention, early detection and best practice management has long term advantages for the client and on health resources. The target group for adult health checks are all people aged 15 to 54 years.

**Aim:** To conduct an adult health screen for all community members aged 15 to 54 years on an biannual basis. This is in order to detect any onset of chronic disease and to intervene

(reduce) risk factors for disease (health promotion/brief intervention)

#### **Responsibilities:**

- Conduct adult health checks according to CARPA protocols and clinic practice (chronic diseases, sexually transmitted infections (STI's), women's cancers)
- Depending on the approach used in the community these can be conducted on an opportunistic basis, as part of community screening, as screening targeted to certain groups within the community or a combination of all approaches.
- Organise appropriate follow up for all problems detected – for chronic diseases this can include diagnostic tests.

## Lajamanu Health Centre

The year 2007 to 2008 has seen a lot of change at Lajamanu Health Centre. The Australian Government Intervention (AGI) provided the opportunity for employment of new staff (Phase 2 team) to work specifically on child health issues, with a focus on Ear Health and Trachoma. This afforded extra capacity to ensure that follow up of these issues was completed in a timelier manner.

The new position of Primary Health Care Coordinator (PHCC) was filled in April 2008. This position differs slightly from the other Health Centre Coordinators (HCC) as the PHCC does not participate in the on-call roster. The adjusted role came as an acknowledgment of the busy demands of the Lajamanu Health Centre, the size of the community and the high volume of program work. It is perhaps too early to tell how successful the position is proving; however to date, the staff and community have responded positively.



The year 2008 also saw four Community Support Workers (CSWs) employed at the Lajamanu Health Centre. Theresa Matthews took on the role of Senior CSW and her responsibilities have included co-running a Failure to Thrive (FTT) group, diabetic foot workshops for clients with diabetes and providing support for the three other CSWs. The FTT group has been a huge success and not only provides an opportunity for staff to monitor the growth of identified children, but also allows relationships to be built and strengthened between the community and Health Centre staff. The other CSWs, Jasmine Patrick, Nikita Kelly and Jermaine Nelson have been employed to assist in health promotion activities and health education. Their role started as part of the phase 2 team, providing education to families on ear disease, Trachoma and hygiene. It is hoped that

### **Child Health**

KWHB's child health program continues to be delivered by staff in the remote health centres. In 2007 and 2008, additional positions and resources were allocated by KWHB to support the remote health centre teams in delivering their respective child health programs.

In the reporting period, KWHB has allocated additional staffing, operational and administrative resources in the following way:

- Position 1 - Child Health Coordinator

Based in Katherine from January to June, this position helped to support the remote health centre teams to deliver their child health programs by strengthening the existing surveillance programs, improving early intervention and action strategies and child health promotion.

The main focus areas were on anaemia, underweight children, healthy skin and healthy ears.

- Position 2 - .5 Child Health Coordinator
- Based in Lajamanu from November to December this position helped to support the health centre team there to deliver their child health programs. The CHC helped by providing community based child and parenting



their role will be expanded and that in the coming year they will be working along side nursing and program staff providing education to teachers and children at the school as well as the commencement of a young mums support group.

The Lajamanu Health Centre team have achieved some great clinical outcomes. To name a couple, over 60% of clients with CHD have had a BP <140/90 mmHg and over 50% of clients with diabetes have had a BP <130/80 recorded in the past 12 months. The health centre team have worked tirelessly to ensure that program work such as child health, chronic disease, rheumatic heart and antenatal care has been delivered at the highest level. This has been complemented by the frequent outreach visits from Paediatrician; Mike Williams, Surgeon; David Gawler, Cardiologist; Triston Smythe, Physician; Malcolm McDonald and GP; Megan Cope. Furthermore, the community benefited from the dental services of John Wetherall who carried out work over a 2 week period.



The coming year will see the Lajamanu Health Centre continue to be involved in the Australian Primary Care Collaboratives. This will enhance the quality improvement initiatives that are already established in the Katherine West region. The AGI will continue as we move into the third stage, "primary health care". The "Living Strong" program will be rolled out along side various other health promotion activities, such as men's, women's and diabetes health days. Of course all of these initiatives could not be achieved without the help of all the staff who will be working at the clinic; Teresa Matthews (Senior CSW), Stella Bambra (TAHW), Rhonda Samuels-Rex (admin), Lorraine Robertson (cleaner), Jasmine Patrick (CSW), Nikita Kelly (CSW), Jermaine Nelson (CSW), Emma Barritt (RAN), Marilyn Hake (RAN), and Kath Desmyth (PHCC).

### **Child Health (cont.)**

education programs, undertaking responsibility for the growth action plans, and immunisation catch ups.

In 2007 and 2008, Child Health has been directly involved in other collaborative activities. These activities include:

- Child Health Checks
- Care plan templates
- Child Health Collaboratives
- Cooking Class for Mums and Babies in Lajamanu
- Failure to Thrive Program in Lajamanu with a part time locally based Coordinator



#### *Australian Government Intervention*

This year was unusual in that the Commonwealth Emergency intervention saw further additional child health positions allocated throughout the region, enabling us to carry out the following extra work:

- Phase 1 Activities in all Communities
- AGI Child Health Checks
- Phase 2 Activities in all Communities
- Trachoma and Scabies Eradication Program
  - Child Ear Health Program

## Timber Creek Health Centre

2007-2008 has seen many developments in communities serviced by Timber Creek Health Centre staff. New initiatives have been undertaken and demonstrated achievements gained in primary health care.

There have been 21 new babies welcomed to the region over this period and with the influx of small people, the Aboriginal Health Workers saw the opportunity to develop a programme aimed at supporting young mothers in the community. The Jarlig Goorjarding (Healthy Mothers, Healthy Children) programme is a project aimed at providing a support structure for young mothers. A key objective is facilitating the sharing of cultural mothercraft knowledge between old ladies and the young women raising babies in the community.

The programme was run over 12 weeks under the guidance of Community Support Workers Judy Marchant and Brenda Laurie, Aboriginal Health Workers Betty Laurie and Rhonda Henry, Trainee Aboriginal Health Worker Deborah Jones and Timber Creek Midwife Judy Burke. The programme brought together groups of women and children, supporting and educating mums in the cultural and healthy ways of pregnancy, childbirth, care of newborns and raising young children.

The success of Jarlig Goorjarding programme has led to plans to include the Gilwi and Amanbidjii communities in the near future.

### **Women's & Maternal Health**

Our focus this year has been supporting the female remote nurses and health workers to provide antenatal care. Where there is no midwife in a remote clinic, it is a shared responsibility of clinic staff to ensure that all pregnant women are cared for and referred, where appropriate, to consultant care. Nurses and Aboriginal Health Workers refer to the new edition of "Women's Business Manual" (2008) and are supported frequently by a Maternal and Woman's health coordinator, an RFDS female GP and a visiting Obstetrician.

Access to midwifery and obstetric care is often hindered by the massive distances women have to travel to receive care during pregnancy. It has been a primary initiative of the maternal and women's health coordinator role to facilitate the easier access to care.

It has been a primary focus to enable remote female nurses to access sexual and reproductive health education during the previous year. In all KWHB clinics, female community members have access to a specifically trained RN who can provide

woman's cancer screening checks. This year "women's days" have been held in all health centres, enabling women to attend the clinics without fear of shame, and maintaining the cultural significance of women's only business[1].

In 2007 and 2008 our activities have included:

- Facilitation of a weekly Maternal and Women's Health Collaborative
- Planning and commencement of a "Mothers and Babies" Project at Timber Creek, which includes employment of two maternal health CSWs and a Project Coordinator (for three months) to provide skills, training and develop a 10 week mothers and babies program.
- Two *Core of Life* training sessions attended by 12 KWHB staff. *Core of Life* is a pregnancy, birthing and early parenting program for adolescents.
- *Core of Life* sessions conducted at 3 communities.
- Coordination of a Mooditj Train the Trainer Program, a life skills program developed specifically for remote indigenous youth, developed by FPWA



The Punyu Ngape (Good Air) project was also rolled out in the Timber Creek Region at the beginning of 2008. The objective of the project has been to increase the knowledge around the harmful effects of smoking and to support community-based tobacco interventions.



- Utilising gender-relevant resources and interventions to promote Well Person's Checks
- Using Communicare to assist in preventive health assessments and management of women 15-69 following Women's Business Manual and CARPA guidelines
- Using Communicare to provide prenatal, antenatal and post-natal health care to women following Women's Business Manual and CARPA guidelines

### **Healthy Young Families Project**

The Healthy Young Families (HYF) Project aims to provide consistent, accessible and culturally appropriate maternal and child health messages across the Katherine Region.

Funded under FaHCSIA's Katherine Region Communities for Children initiative, HYF proposes a health education model that revolves around evidence based content that is to be consistently used, whether in a clinic or community setting. A key focus is to provide materials that can be constantly revised to ensure their relevance and promote best practice. This can be easily done using an electronic format. The initial stages of this project have involved extensive community and service provider consultation.

Key Activities for the HYF project in 2007 and 2008 have included:

- Ongoing community consultation
- Support for the development and commencement of the Jarlig Gujarding Program in the Timber Creek Region
- Development of the 'Talking Templates', an electronic education reference for clinicians that is linked through Communicare
- Involvement in several regional early years programs such as the Katherine Isolated Children's Services (KICS) Family Fun Days

All resources to be developed will be screened by either a Cultural Reference Group or another community based focus group to ensure their cultural relevance.

## **Health Promotions**

In 2007 and 2008, Health Promotions undertook numerous initiatives designed to promote better aboriginal health awareness throughout the Katherine West region. The aim is to encourage awareness of the causes of chronic diseases, alongside healthier living.

In 2007 and 2008, we initiated:

- An Ear health promotion with kids and schools with phase 2 of AGI.
- A trachoma education course which commenced in all KWHB communities.
- In Timber Creek, a chronic disease breakfast with flour drum cooking sessions.
- In Lajamanu, a young mothers and babies group and a cooking group.
- A Mary G concert tour which promoted healthy food and responsible sexual health.
- A variety of health promotion displays in our health centres – through the use of posters, pamphlets and DVDs with healthy messages/stories played throughout the year.

## **AOD**

At present there are minimal AOD services in the primary health care setting. The Council of Australian Governments (COAG) and Northern Territory Emergency Response (NTER) have made funds available to raise the profile of AOD through funding new AOD services in the Northern Territory (NT) and supporting needs assessment studies.

KWHB carried out a needs assessment study from May – July 2008, developing a best practice model of care before commencing an AOD service.

The introduction of an alcohol and other drugs program in the Katherine West region could potentially achieve a significant impact in reducing the harm from alcohol and other drug use on individuals and the communities.

Most people would like to see AOD issues actively addressed. The idea of an AOD service has been consistently well received throughout the KWHB region. Some residents have little idea about what this would involve whilst others have provided detailed suggestions as to how a program could work.

The KWHB needs assessment report included 15 recommendations covering both the key features of an AOD service within an Aboriginal Primary Health Care service, and some issues specific to the local context identified through the needs assessment process. At present the KWHB Alcohol and Other Drugs program is focusing on training Community Support Worker's for this service as well as training all staff in delivering brief interventions.

### **Punyu Ngape**

The Katherine West Punyu Ngape Project aims to reduce the prevalence of smoking, particularly among pregnant women, in the remote communities of the Katherine West region in the Northern Territory. The Project involves implementing various community-based tobacco interventions to encourage smoking cessation, drawn from QLD Health's SmokeCheck Indigenous Tobacco Brief Intervention Project.

This project involves training staff to deliver smoking advice, increasing number of smoke-free public areas, development of culturally appropriate resources, presentation of tobacco education sessions, display of health warnings at tobacco outlets and development of effective intervention strategies.

The intended outcomes of the Project are to implement strategies to:

- increase the awareness among the region's indigenous population, particularly women and their families, of the specific health effects associated with smoking and the harms of exposure to passive smoke;
- reduce the uptake and demand for tobacco in the community;
- reduce the exposure of children to environmental tobacco smoke;
- increase the availability of information resources on the effects of smoking and the current treatments available;
- reduce the number of people with tobacco related illness; and
- reduce the prevalence of smoking in the region, particularly among pregnant women who smoke and those that relapse after pregnancy.

## Supportive Systems

KWHB turned ten years old this year, and many of the same challenges that were faced in the beginning are still with us. These include difficulties associated with long distance communication, management systems being slightly different in each work site (and out-of-date) and inconsistent access to decision support tools (such as policy and procedure documents).

With great advances made in increasing the staffing capacity of health centres and improving the quality of systems around provision of health care, this year KWHB paid greater attention to the supportive management and administrative systems.

### **Organisational structure and capacity improvement**

Using a consultative process with town and bush staff, a thorough mapping of all non-primary health care functions was completed. This process resulted in a focus on;

- contemporary work practices
- the need for greater specialisation of some roles
- examining new information and communication technologies available.

Significant re-structuring resulted. New positions were created and existing positions and establishments were modified. This allowed KWHB to allocate appropriate staffing levels to manage workloads, maximise efficiency, streamline decision-making, prevent duplication and double-handling and improve communication across 'portfolio' areas.

KWHB improved staffing capacity in a number of areas, but most significantly in human resource management, assets management, compliance and reporting; and administrative support, which was spread more evenly throughout the service.

Some function mapping for remote health centre staff also commenced. Particular attention was paid to the role and functions of Community Support Workers (CSW's) and how to fully integrate them into health centre teams and provided with them proper supervision and support.

This was identified as being crucial to the success and sustainability of the service, and it was also recognised that this subsequently alters the role of other health centre staff, particularly health centre coordinators.

A significant new initiative arising from this was the creation of a Primary Health Care Coordinator position at Lajamanu. A trial at this stage, the Lajamanu Health Centre Coordinator position is a non-clinical, no-call coordination position which adds an extra FTE to the Lajamanu staffing establishment.

The Lajamanu Health Centre Coordinator provides local management for the team and extra support and stability for trainee Aboriginal Health Workers and Community Support Workers.

Further development of the remote health centre model continues to be a 'work in progress' and will be undertaken in a well planned, incremental approach. The approach will take into account infrastructure, administrative and management requirements.

Although still in its early days, the new staffing model is working well. It is forming the foundations of improved quality efficiencies for long term sustainable change.

### **Information & Communication Systems**

Having had great success that with the implementation of the Communicare Patient Information Recall System, intensive research began on improved IT foundations for other operational systems. This year work was progressed on our electronic assets management system and improvements made to our accounting system, connecting finance information more directly with managers and the consultant accountant.



## **HR Information System**

By the end of the year a had been thoroughly researched, selected and purchased, and a large proportion of HR data uploaded. This HR information system is capable of integrating with the finance applications, thereby streamlining workflows.

## **Intranet**

KWHB participated in an AMSANT-hosted intranet pilot project. Planning of intranet architecture was completed after extensive consultation with bush and town based staff, and an intranet product researched and purchased.

One unexpected outcome of the intranet initiative was the realisation that the organisation would benefit having a professional information coordinator on staff. During the staffing restructure, a permanent Information and Communications Officer position was incorporated into the staffing establishment.

## **Web conferencing**

Web Conferencing was a new, unplanned development this year, but one that has revolutionised the way business is conducted between town and bush.

Fundamental and positive differences can be found in the areas of:

- 'collaboratives' (weekly meetings on the web that involve Health Centre Coordinators, Aboriginal Health Workers and Program Coordinators, to identify and address challenges of quality health care delivery)
- fortnightly education sessions, which are held with remote staff via web conferencing.
- meetings about operational and HR matters.

Overall, web conferencing has made a profound difference in bridging the distance between town and bush, and more education and discovery of web conferencing technology will continue to be explored as technology undoubtedly progresses.

## **Staff orientation**

Year after year the need for comprehensive staff orientation has been identified as a major organizational need. This year, a serious start was made to implement a comprehensive program.

### **Primary Health Orientation**

Work was completed on an orientation program primarily aimed at remote primary health staff, providing an overview of the role they will play in the KWHB primary health care team. The aims of the orientation program are:

- To provide an introduction to KWHB
- To provide an introduction to remote primary health care systems and practice
- To identify areas in which individuals require further education, training and support.

Several checklists were also designed to support the orientation process.

### **Cultural Orientation**

Work also commenced on a cultural orientation program.

A consultant was contracted by KWHB to coordinate and develop a visual rich cultural orientation package. Because of the high turnover of staff posted to the remote communities, KWHB has learnt that Ngumpin board and staff members become 'burnt out' from presenting the same information repeatedly. Therefore the cultural orientation package will involve board members and Aboriginal Health Workers presenting information and messages in audio visual formats that can be placed on the intranet and internet for staff to 'self serve'.

The Board and Ngumpin Reference Group has had meetings with the consultant to provide input into the framework and content of the package. There are three stages to the development of the cultural orientation package, and by the end of the year stage one, Scoping the Project, has been completed.

# Staffing

At the end of the year, **57 of 70 permanent positions (81%)** were occupied. (This was slightly lower than the average monthly average of 87%). **49 of the 70 positions (69%)** were occupied by permanent staff.

**19 of the 70 positions (28%)** were occupied by permanent indigenous incumbents.

These figures do not include Intervention phase 1 and phase 2 staff.

## Staff List July 2007 to June 2008

### Primary Health Care Teams

#### Yarralin Community

Bruce Roggiero  
Lorrain Johns  
Noeleen Campbell  
Brain Pedwell  
Marie Campbell  
Dei Dei Armah  
Trevor McIntosh  
Eunice Hector

#### Timber Creek Community

Kate Walker  
Tracy Porter  
Jo Oldham Moir  
Debora Jones  
Andrea Cameron  
Betty Laurie  
Rhonda Henry  
Maxine Johns  
Katherine Morazac-Smith  
Tim Hannah  
Louise Harwood  
Marie Forbes  
Annie Godwin  
Ian James  
William Johnson

#### Kalkaringi Community

Deb Steele  
Dianne Hampton  
Robert Roy  
Kenny Ricky  
George King (Jnr)  
Danielle Stuperous  
Josephine de Van der Schueren  
Julie Wall  
Margaret Halling

#### Lajamanu Community

Kath Desmyth  
Christine Burn  
Teresa Matthews  
Stella Bambra  
Sophia Patterson  
Sinon Cooney  
Rebecca Cooney  
Rhonda Samuels Rex  
Robyn Ewing  
Lynette Pearson  
Kingsley Pearson  
Sarah Smith  
Michael Grant  
Deane Martin  
Meryl Gay  
Gwyn Scott  
Rebecca Routledge  
Matthew Grinter  
Carol Flamer  
Sue Miller  
Nicole Caton  
Caroline Fallon

#### Katherine office

Sarah Lord  
Danielle Aquino  
Anna Frieling  
Anna Davidson  
Catherine Roe  
Courtney Cramp  
Rhianna Dean  
Alexandra Walker  
Suzanne Price  
Sarah Wicks  
Brendan Sherratt  
Greg Henschke  
Kristy Landry

#### Child Health Check Teams (Phase 1)

Meredith Fogarty  
Cathy Hammond  
Jenny Jones  
Louisa Erglis  
Tim Hannah  
Megan Worley  
Rosemary Isaacs  
Susanne Ferris  
Victoria Hounsfeld

#### Child Health Check Follow up (Phase 2)

Sonia Boyd  
Annie Godwin  
Tamarah King  
Meaghan McAllister  
Rebecca Cooney  
Erin Toner  
Trish Ryan  
Kerry Cumming  
Nikita Kelly  
Jasmine Patrick

## **Staff List July 2007 to June 2008**

### **Governance / Health Leadership**

#### Katherine office

Sean Heffernan	Carol Manfong	Deb Ogilvie
Andrew Bell	Lisa Kelly	Kate King
Rebecca Gooley	Rose Peckham	Lynne Watson
David Lines	Lynette Johns	Patricia Trowbridge
Susie Berto	Liz Yates	Christine Kopp
Eric Thomas	Noeleen Back	Rod Freeman
Ceinwen Grose	Quitaysha Frith	Neil Pickett

### **External Health Professionals**

Dr Geoffrey Vercoe – ENT Specialist	Dr Tristan Smyth – Cardiologist
Dr Carolyn Mac Lellan – Pediatrician	Dr David Gawler – Surgeon
Dr Malcomb McDonald – Physician	Gabrielle McCallum – Menzies Research
Dr Megan Cope – RFDS GP	Jill Pettigrew – NT Mental Health Team
Dr Mike Williams – Pediatrician	KRAHRS Allied Health Team

### **External agencies**

Katherine West Health Board continues to maintain strong relationships with external agencies to support staffing functions:

General Practice Network NT

NT Medic Nursing Agency

Clinical One Health Care Professionals

CQ Nurse

Darwin Central Flight Centre

# **SPECIAL PURPOSE FINANCIAL REPORT**

**YEAR ENDED 30 JUNE 2008**

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## STATEMENT OF COMPLIANCE

The members of the Board have determined that:

- (a) the Katherine West Health Board Aboriginal Corporation is not a reporting entity; and
- (b) this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The Members of the Board of Katherine West Health Board Aboriginal Corporation do hereby certify that:

- (a) the financial statements of Katherine West Health Board Aboriginal Corporation for the year ended 30 June 2008 present fairly the financial position as at 30 June 2008 and the financial transactions for the year then ended;
- (b) there are reasonable grounds to believe that the Corporation will be able to pay its debts as when they fall due;
- (c) the Committee and the Corporation have complied with the obligations imposed by the Aboriginal Councils and Corporations Act 1976, the regulations and the Rules of the Corporation.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:



Joseph Cox - Chairperson

Katherine

Date:

## **Independent auditor's report to Members of Katherine West Health Board Aboriginal Corporation**

We have audited the accompanying special purpose financial report of Katherine West Health Board Aboriginal Corporation (the "Corporation"), which comprises the balance sheet as at 30 June 2008, the income statement, statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the Statement of Compliance.

### **The Responsibility of Committee for the Financial Report**

The Committee of the Corporation are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the financial reporting requirements of the constitution of the Corporation and the Aboriginal Councils and Associations Act 1976 (as amended) and are appropriate to meet the needs of the members. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. These policies do not require the application of all Accounting Standards and other mandatory financial reporting requirements in Australia.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the Association's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to the members for the purpose of fulfilling the Committee's financial reporting requirements under the Aboriginal Councils and Associations Act 1976 (as amended) and the Corporation's Constitution.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Independence**

In conducting our audit we have met the independence requirements of the Australian professional accounting bodies.

**Auditor's Opinion**

In our opinion;

- (a) the financial report presents fairly, in all material respects, the financial position of Katherine West Health Board Aboriginal Corporation as of 30 June 2008 and of its financial performance and its cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements;
- (b) the Governing Committee and the Corporation have complied with the obligations imposed by the Aboriginal Councils and Associations Act (1976), the Regulations and Rules of the Corporation; and
- (c) the financial report is based on proper accounts and records and is in agreement with those accounts and records.



Matthew Kennon  
Merit Partners

DARWIN

Date: 14/10/08

**INCOME AND EXPENDITURE STATEMENT**  
**YEAR ENDED 30 JUNE 2008**

	<b>2008</b>	<b>2007</b>
	\$	\$
<b>OPERATING REVENUE</b>		
Grants		
Dept. of Health and Ageing - Operational	4,311,259	3,922,114
- PIRS	129,095	126,316
- Capital	117,000	69,000
- NTER	1,681,182	0
Department of Health and Community Services	3,092,905	3,063,777
Health Strategies	439,479	739,081
Sunrise Health Board	0	36,530
The Rural Womens GP	4,545	2,000
General Practice & Primary Care	80,000	128,727
NT General Practice Education	3,000	14,950
The Smith Family	110,000	60,000
Fred Hollows Foundation	60,000	60,000
HIC – Health Commission	1,320	2,095
Interest	193,707	165,147
Administration Fee	246,522	129,000
Reimbursements	0	81,935
KWHB – Medicare Contribution	500,000	613,800
Bulk Billing	563,823	610,760
Rent	1,905	3,601
Donation	0	1,000
Profit on the sale of assets	0	39,773
Book commission	42	0
Registration	360	0
Transfer from unexpended grants	755,303	530,905
Transfer to unexpended grants	(2,115,247)	(755,303)
	<hr/>	<hr/>
<b>TOTAL OPERATING REVENUE</b>	<b>10,176,200</b>	<b>9,645,208</b>
	<hr/>	<hr/>
<b>OPERATING EXPENDITURE</b>		
General operating costs		
Accounting fees	45,438	30,217
Advertising	3,137	10,762
Admin Fee	235,230	129,000
Annual Report	11,792	6,659
Audit fees	12,323	15,536
Bank charges	3,449	2,759

The income and expenditure statement should be read in conjunction with the accompanying notes.



**INCOME AND EXPENDITURE STATEMENT (Contd)**  
**YEAR ENDED 30 JUNE 2008**

	Note	2008	2007
\$    \$			
<b>OPERATING EXPENDITURE (Contd)</b>			
Cleaning		31,071	32,189
Consultants		261,853	163,898
Communications		76,342	78,230
Consumables		2,381	3,769
Donation		1,005	640
Electricity, water and sewerage		109,673	111,435
Freight		48,588	44,803
Ground maintenance		7,001	1,715
Hire of equipment		33,373	22,363
Insurance		83,277	89,403
IT Hosting / support		114,838	169,226
IT Medisys		0	345
IT Computer equipment		8,199	20,542
Postage		4,059	2,700
Professional Indemnity Insurance		16,425	26,406
Library		3,273	9,272
Legal expenses		34,515	0
Loss on sale of assets		1,840	0
Meeting costs		16,848	12,562
Rates		4,856	1,612
Rent		365,076	358,998
Resource Development		1,171	4,148
Subscriptions and membership		2,540	2,565
Telephone and facsimile		131,766	94,727
Training		32,862	59,466
Uniforms		2,281	4,698
Security		4,618	3,639
Motor vehicle expenses			
Fuel and oil		125,160	126,003
Leasing costs		12,850	20,000
Repairs and maintenance		104,852	70,158
Registration		16,269	15,479
Hire		11,2380	0

The income and expenditure statement should be read in conjunction with the accompanying notes.

**INCOME AND EXPENDITURE STATEMENT (Contd)**  
**YEAR ENDED 30 JUNE 2008**

Note	2008	2007
	\$	\$
<b>OPERATING EXPENDITURE (Contd)</b>		
Repairs and Maintenance- Plant & Equipment	38,211	52,391
- Computer Equipment	26,320	0
- Furniture & Fittings	37,886	28,671
- Buildings	42,524	33,215
Supplies		
Pharmacy	129,705	111,189
Medical and dental supplies	163,795	146,837
Office supplies	42,661	34,266
Staff salaries, wages and related costs		
Wages and salaries	4,688,706	4,578,829
Superannuation	414,609	393,129
FBT	79,457	166,461
Community Based Liason workers	0	3,961
Professional development	25,209	25,372
Recruitment and relocation	226,641	160,075
Recreation leave and fares	10,150	7,331
FOIL	38,940	65,878
Other	10,104	7,580
Workers compensation	100,696	55,650
Other		
Depreciation	383,623	445,994
Doubtful debts expense	2,000	2,323
Bad debts	657	0
Writeback stale cheques	(1,456)	0
Medicare Contribution Clinics	500,000	610,707
Repay unspent grant	23,185	0
Travel		
Travel and accommodation – staff	503,890	482,019
Travel and accommodation – other	0	1,725
Travel and accommodation – board	154,881	169,173
Travel and accommodation – patients	6,393	858
Travel and accommodation – specialists	35,377	13,481

The income and expenditure statement should be read in conjunction with the accompanying notes.

**INCOME AND EXPENDITURE STATEMENT (Contd)**  
**YEAR ENDED 30 JUNE 2008**

	Note	2008 \$	2007 \$
<b>OPERATING EXPENDITURE (Contd)</b>			
Health and Other Programs			
Doctors Locum		153,736	51,402
Health Promotions		4,170	36,821
THS services purchased		262,058	220,545
		<hr/>	<hr/>
<b>TOTAL OPERATING EXPENDITURE</b>		10,085,597	9,651,807
		<hr/>	<hr/>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		90,603	(6,599)
		<hr/> <hr/>	<hr/> <hr/>

The income and expenditure statement should be read in conjunction with the accompanying notes.

**BALANCE SHEET  
AS AT 30 JUNE 2008**

	Notes	2008 \$	2007 \$
<b>CURRENT ASSETS</b>			
Cash	2	4,948,850	3,054,644
Receivables	3	118,967	70,676
Other	4	160,314	104,727
TOTAL CURRENT ASSETS		<u>5,228,131</u>	<u>3,230,047</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	5	805,708	996,536
TOTAL NON-CURRENT ASSETS		<u>805,708</u>	<u>996,536</u>
TOTAL ASSETS		<u>6,033,839</u>	<u>4,226,583</u>
<b>CURRENT LIABILITIES</b>			
Accounts payable	6	3,511,645	1,725,594
Provisions	7	363,220	332,317
TOTAL CURRENT LIABILITIES		<u>3,874,865</u>	<u>2,057,911</u>
<b>NON CURRENT LIABILITIES</b>			
Provisions	7	0	100,301
TOTAL CURRENT LIABILITIES		<u>0</u>	<u>100,301</u>
TOTAL LIABILITIES		<u>3,874,865</u>	<u>2,158,212</u>
NET ASSETS		<u><u>2,158,974</u></u>	<u><u>2,068,371</u></u>
<b>MEMBERS FUNDS</b>			
Accumulated funds	8	2,158,974	2,068,371
TOTAL MEMBERS' FUNDS		<u><u>2,158,974</u></u>	<u><u>2,068,371</u></u>

The balance sheet should be read in conjunction with the accompanying notes.



**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2008**

	<b>Notes</b>	<b>2008</b> \$	<b>2007</b> \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from customers		1,210,781	1,492,873
Grants received		10,026,626	8,144,686
Payments to suppliers and employees		(9,342,273)	(8,730,336)
Interest received		193,707	165,147
		-----	-----
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	9(b)	2,088,841	1,022,370
		-----	-----
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Acquisition of property, plant and equipment		(194,635)	(346,487)
Proceeds on sale of plant and equipment		0	39,773
		-----	-----
<b>NET CASH FLOWS USED IN INVESTING ACTIVITIES</b>		(194,635)	(306,714)
		-----	-----
<b>NET INCREASE/(DECREASE )IN CASH HELD</b>		1,894,206	715,656
Cash at the beginning of the financial year		3,054,644	2,338,988
		-----	-----
Cash at the end of the financial year	9(a)	4,948,850	3,054,644
		=====	=====

The statement of cash flows should be read in conjunction with the accompanying notes.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
30 JUNE 2008**

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

This financial report is a special purpose financial report which has been prepared in order to satisfy the reporting requirements of the Aboriginal Councils and Associations Act. The governing committee has determined that the Corporation is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Aboriginal Councils and Associations Act and the following Australian Accounting Standards:

AASB 1031 Materiality  
AASB 110 Events after the Balance Sheet Date

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values, or except where specifically stated, current valuations of non current assets.

The accounting policies adopted are consistent with those of the prior year unless otherwise stated.

**Property, plant and equipment**

Cost and valuation

Property, plant and equipment are brought to account at cost, independent of governing committee's valuation. Assets costing less than \$1,000 are written off to expenditure as minor capital items in the period of acquisition.

Property, plant and equipment (Contd.)

*Depreciation*

All non-current assets are depreciated over their useful lives to the corporation on a straight line basis.

Major depreciation rates are:

	2008 Years	2007 Years
Furniture and equipment	5	5
Computer and software	5	5
Motor Vehicles	3	3
Buildings	20	20

**Employee Entitlements**

Provision is made for annual leave and long service leave payable to employees on the basis of statutory and contractual requirements. The amounts provided are apportioned between current and non current provisions, the current provision being the portion that is expected to be paid within the next twelve months

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
30 JUNE 2008**

**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Contd)**

**Grants and other contributions**

All recurrent and capital grants received from the government are brought to account through the statement of income and expenditure.

Where contributions recognised as revenues during the reporting period were obtained on the condition that they be expended in a particular manner or used over a particular period, and those conditions were undischarged the revenue has been recognised as unexpended grants.

**Taxation**

The Association is recognised as a public benevolent institution and is therefore recognised as being exempt from paying income tax.

**Economic dependence**

The financial statements are prepared on a going concern basis. The future of the corporation, however, is dependent upon the continued financial support of its funding bodies in the form of government grants.

**Cash**

For the purposes of the Statement of Cash Flows, cash includes cash on hand and in banks, and short term deposits, net of outstanding bank overdrafts.

**Comparatives**

Where required comparatives have been restated to facilitate meaningful comparison to current years results.

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
30 JUNE 2008**

	<b>2008</b>	<b>2007</b>
	<b>\$</b>	<b>\$</b>
<b>NOTE 2 CASH</b>		
Operating account	3,631,394	559,043
Medicare Bulk Bill	421,083	1,179,647
TIO Investment Account	895,873	1,315,454
Cash on hand	500	500
	<u>4,948,850</u>	<u>3,054,644</u>
	<u><u>4,948,850</u></u>	<u><u>3,054,644</u></u>
<b>NOTE 3 RECEIVABLES</b>		
Debtors	120,967	73,364
Less Provision for doubtful debts	2,000	2,688
	<u>118,967</u>	<u>70,676</u>
	<u><u>118,967</u></u>	<u><u>70,676</u></u>
<b>NOTE 4 OTHER CURRENT ASSETS</b>		
GST paid	160,314	104,727
	<u>160,314</u>	<u>104,727</u>
	<u><u>160,314</u></u>	<u><u>104,727</u></u>
<b>NOTE 5 PROPERTY, PLANT AND EQUIPMENT</b>		
Furniture and equipment – at cost	818,203	779,056
Accumulated depreciation	(643,483)	(537,107)
	<u>174,720</u>	<u>241,949</u>
	<u><u>174,720</u></u>	<u><u>241,949</u></u>
Land – at valuation	8,000	8,000
Accumulated depreciation	0	0
	<u>8,000</u>	<u>8,000</u>
	<u><u>8,000</u></u>	<u><u>8,000</u></u>
Building – at valuation	244,765	244,765
Accumulated depreciation	(96,884)	(84,646)
	<u>147,881</u>	<u>160,119</u>
	<u><u>147,881</u></u>	<u><u>160,119</u></u>
Computers and software – at cost	532,362	520,133
Accumulated depreciation	(379,694)	(337,392)
	<u>152,668</u>	<u>182,741</u>
	<u><u>152,668</u></u>	<u><u>182,741</u></u>
Motor vehicles – at cost	1,282,867	1,288,144
Accumulated depreciation	(960,428)	(884,417)
	<u>322,439</u>	<u>403,727</u>
	<u><u>322,439</u></u>	<u><u>403,727</u></u>
	<u>805,708</u>	<u>996,536</u>
	<u><u>805,708</u></u>	<u><u>996,536</u></u>

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
30 JUNE 2008**

	<b>2008</b>	<b>2007</b>
	\$	\$
<b>NOTE 6 ACCOUNTS PAYABLE - CURRENT</b>		
Trade creditors	723,312	582,716
Accruals	123,077	127,447
GST Collected	550,009	260,128
Unexpended grants	2,115,247	755,303
	<u>3,511,645</u>	<u>1,725,594</u>

**NOTE 7 PROVISIONS**

**Current**

Annual Leave	307,776	332,317
Long Service	55,444	0
	<u>363,220</u>	<u>363,220</u>

**Non Current**

Long Service Leave	0	100,301
	<u>0</u>	<u>100,301</u>

**NOTE 8 ACCUMULATED FUNDS**

Opening balance	2,068,371	2,074,970
Surplus/(Deficit) for the year	90,603	(6,599)
	<u>2,158,974</u>	<u>2,068,371</u>

**NOTE 9. CASH FLOW INFORMATION**

a) Reconciliation of cash

Cash balance comprises:

- Cash (Note 2)	4,948,850	3,054,644
	<u>4,948,850</u>	<u>3,054,644</u>

b) Reconciliation of operating surplus to  
the net cash flows used in operating activities

Operating surplus/(deficit)	90,603	(6,599)
Depreciation	383,623	445,994
Profit on disposal of assets	1,840	(39,773)
Change in assets and liabilities		
Trade receivables	(48,291)	(24,510)
Other	(55,587)	(3,944)
Creditors and accruals	1,786,051	619,295
Provision for employee entitlements	(69,398)	31,907
	<u>2,088,841</u>	<u>1,022,370</u>

c) The Association has no credit or stand - by or financing facilities in place.

d) There were no non-cash financing or investing activities during the period.



**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
30 JUNE 2008**

**NOTE 10 SEGMENT INFORMATION**

Katherine West Health Board Aboriginal Corporation operates in one industry being the provision of a Health Service in one geographical location, the Katherine west region of the Northern Territory.

**NOTE 11. LAND AND BUILDINGS**

On 23 November 1995 the crown land identified as Lot 85 Timber Creek was purchased by Ngaliwurru-Wuli Association under a Crown lease term title. The crown lease is No 1552.

On 21 March 2000 Ngaliwurru-Wuli Association resolved to transfer the lease to Katherine West Health Board Aboriginal Corporation.

Katherine West Health Board Aboriginal Corporation complied with the requirements of the lease which was to develop a residential dwelling. The Crown lease term 1552 was then eligible for conversion to Estate In Fee Simple (freehold)

Due process was completed and the Crown lease term 1552 was converted to Estate In Fee Simple on 22 November 2000.

The valuation of the land component is based on the unimproved capital value at 1 July 1997 of \$8,000.

OATSIHS funded the development of the doctor's house on the said land. The value of the construction as advised by the contractor Randal Carey Construction Pty Ltd was \$244,765. The handover was carried out on 31 July 2000.

□□□□ 12. □□□□□□□□ □□□□□□□□□□□□

	<b>2008</b>	<b>2007</b>
	\$	\$
Operating Lease commitments:		
Being for rental of motor vehicles, office, housing		
Payable:		
- not later than one year	195,141	151,052
- later than one but not later than two	153,598	30,432
- later than two but not later than five	142,507	15,651
Overtime	23,289	20,000
Professional development	1,000	2,000
Staff relocation	5,180	2,000

## LIST OF MEMBERS

30 JUNE 2008

### 1 MILE

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Maureen	BLITNER	9/6/1999	Shauna	KING	9/6/1999
Rosemary	BLITNER	9/6/1999	Frank	LEWIS	9/6/1999
David	DALY	9/6/1999	Steven	LEWIS	9/6/1999
Adelaide	DARBY	9/6/1999	Dimah	MCDONALD	9/6/1999
Darryl	DARBY	9/6/1999	Sammy	MCDONALD	9/6/1999
Sammy	DARBY	13/10/2004	Julienne	RAYMOND	9/6/1999
Sharon	DARBY	9/6/1999	Nancy	RAYMOND	9/6/1999
Elizabeth	HECTOR	9/6/1999	Matthew	SMILER	9/6/1999
Leslie	JOHNS	9/6/1999	Michael	SMILER	9/6/1999

### BARRAC BARRAC

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Mary	DEEGAN	9/6/1999	Jonah	ROBERTS	9/6/1999
John	LONG	9/6/1999	Joseph	ROBERTS	9/6/1999
Sandra	MALAY	9/6/1999	Laurie	ROBERTS	9/6/1999
Rodney	RAYMOND	9/6/1999	Ross	ROBERTS	9/6/1999
Daniel	ROBERTS	9/6/1999	Roy	ROBERTS	9/6/1999
Doris	ROBERTS	9/6/1999			

### BOBS YARD

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Kevin	BISHOP	9/6/1999	Peggie	HARRISON	9/6/1999
Agnes	BISHOP/MCCANN	9/6/1999	Raylene	MCCANN	9/6/1999
Daniel	BLITNER	9/6/1999	David	PADDY	9/6/1999
Violet	BYLEDIE	9/6/1999	Florrie	SMILER	9/6/1999
Johnny	DALY	9/6/1999			

### BULLA

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Nellie	BARBARA	15/7/2004	Deborah	LONG	9/6/1999
Gary	BIRRIMAN	28/11/2002	Doreen	LONG	13/10/1999
Richard	BLOOMER	13/10/1999	Estelle	LONG	13/10/1999
Jimmy	CHEEGEARL	13/10/1999	Raymond	LONG	9/6/1999
Terrance	DANN	9/6/1999	Rita	LONG	9/6/1999
Daisy	DEBANG	9/6/1999	Annie	LUIDA	9/6/1999
Jerry	DEBANG	9/6/1999	Loretta	LUIDA	9/6/1999
Basil	FRASER	26/2/1999	Tony	MINGIN	21/4/1998
Ben	GUNDARI	9/6/1999	Eileen	MOORE	9/6/1999
Marlene	GUNDARI	9/6/1999	Annie	MORTON	9/6/1999
Melissa	GUNDARI	13/10/1999	Joy	RAYMOND	9/6/1999
Regina	HECTOR	13/10/1999	Raelene	RAYMOND	13/10/1999
Bessie	HUMBERT	9/6/1999	Shadrach	RETCHFORD	15/7/2004

## LIST OF MEMBERS

30 JUNE 2008

### **BULLA (cont.)**

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Geraldine	HUMBERT	9/6/1999	Stan	RETCHFORD	13/10/2004
Marilyn	HUMBERT	9/6/1999	Jennifer	ROBERTS	9/6/1999
Brenda	LAURIE	13/10/1999	Pauline	ROBERTS	9/6/1999
Nicolas	LAURIE	9/6/1999	Jason	ROSE	12/10/2004
Roderick	LAURIE	9/6/1999	Sonny	VICTOR	28/11/2002
Jack	LITTLE	21/4/1998	Peggy	VINEY	9/6/1999
Marjorie	LITTLE	9/6/1999	Arsun	WEARNE	9/6/1999

### **DOOJUM**

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Douglas	BOOMBI	9/9/1999	Joseph	COX	21/4/1998
Jonathan	BOOMBI	26/9/2006	Michael	MURRIMAL	9/8/1999
Sandra	BOOMBI	9/9/1999			

### **KALKARINDJI/DAGURAGU**

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Cassandra	ALGY	5/12/2006	Joanne	LONG	5/12/2006
Jennifer	ALGY	5/12/2006	Lindy	LONG	14/9/1999
Matthew	ALGY	5/12/2006	Simeon	LONG	5/12/2006
Jamsie	ANDERSON	14/9/1999	Carol	MANGUARI	5/12/2006
Jamesie	BARRY	5/12/2006	Kym	MAXWELL	14/9/1999
Lance	BARRY	5/12/2006	Christine	MICK	5/12/2006
Angela	BERD	14/9/1999	Jonathon	MICK	5/12/2006
Lorna	BERD	5/12/2006	Richard	MICK	14/9/1999
Marie	BERD	5/12/2006	Rachel	MORRIS	14/9/1999
Rodney	BERNARD	5/12/2006	Herman	MORRIS	5/12/2006
Helen	BLITNER	14/9/1999	Kathy	MORRIS	5/12/2006
Bermisha	BOBBY	5/12/2006	Noeleen	MORRIS	5/12/2006
Marcia	BOBBY	5/12/2006	Rita	MORRIS	5/12/2006
Thelma	BOBBY	5/12/2006	Connie	MOSQUITO	14/9/1999
Gordon	BROWN	14/9/1999	Jimmy	MULGLARY	14/9/1999
Jimmy	BUTLER	14/9/1999	Richard	NEWRY	20/9/1999
Sharon	CAMPBELL	14/9/1999	Cherylene	NOCKETTA	14/9/1999
Steven	CARSON	14/9/1999	Norman	OSCAR	14/9/1999
Fiona	CARTER	14/9/1999	Sarah	OSCAR	14/9/1999
Susan	CEBU	31/8/1998	Justin	PADDY	14/9/2005
Maxine	CLYDEN	5/12/2006	Michael	PADDY	8/6/2003
Jack	COOK	5/12/2006	Martin	PALASCO	5/12/2006
Lachlan	CREW	5/12/2006	Geoffrey	PETER	14/9/1999
Dennis	CROWSON	14/9/1999	Curley	REYNOLDS	14/9/1999
Harold	CROWSON	14/9/1999	Veronica	REYNOLDS	14/9/1999
Marie	DJABAN	14/9/1999	Kenny	RICKY	5/12/2006
Michelle	DONALD	14/9/1999	Jenny	ROCKMAN	14/9/1999
Violet	DONALD	8/6/2003	Dawn	ROOK	14/9/1999

## LIST OF MEMBERS

30 JUNE 2008

### KALKARINDJI/DAGURAGU (cont.)

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Shaun	DONNELLY	5/12/2006	Shirley	ROSEWOOD	5/12/2006
Paddy	DOOLAK	5/12/2006	Aileen	ROY	5/12/2006
Kathleen	DUNCAN	14/9/1999	Robert	ROY	20/4/1998
Ray	DUNCAN	5/12/2006	Brian	SAMBO	14/9/1999
Vivianne	DUNCAN	14/9/1999	George	SAMBO	14/9/1999
George	EDWARDS	14/9/1999	Kathleen	SAMBO	14/9/1999
Dean	FARQUHARSON	20/4/1998	Stanley	SAMBO	14/9/1999
Rosaleen	FARQUHARSON	14/9/1999	Shannon	SCOTT	14/9/1999
Jeremy	FRITH	14/9/1999	Lisa	SMILER	14/9/1999
Marrilyn	FRITH	5/12/2006	Sonny	SMILER	14/9/1999
Quinton	FRITH	5/12/2006	Sonya	SMILER	5/12/2006
Roslyn	FRITH	20/4/1998	William	SMILER	5/12/2006
Gus	GEORGE	5/12/2006	Ellen	SPLINTER	14/9/1999
Michael	GEORGE	5/12/2006	Jefferson	STEVEN	14/9/1999
Karen	HECTOR	5/12/2006	Allan	THOMAS	14/9/1999
Derek	JIMMY	14/9/1999	James	THORPE	14/9/1999
Kerry	JIMMY	5/12/2006	Jack	VINCENT	5/12/2006
Phillip	JIMMY	14/9/1999	Loris	WALKER	14/9/1999
Tanya	JIMMY	14/9/1999	Barry	WARDLE	14/9/1999
George	JOHNSON	14/9/1999	Gwenda	WARDLE	14/9/1999
Phyllis	JOHNSON	5/12/2006	Priscilla	WARDLE	5/12/2006
Rosemary	JOHNSON	5/12/2006	Jimmy	WAVEHILL	14/9/2004
Diane	KING	5/12/2006	Brett	WHITE	5/12/2006
George	KING	14/9/1999	Donathon	WILLIAMS	14/9/1999
Geraldine	KING	14/9/1999	Magadlene	WINBYE	5/12/2006
Roger	KING		Jason	YUNDI	14/9/1999
Vanessa	KRUGER	14/9/1999	Marion	YUNGA	5/12/2006
John	LEEMAN	14/9/1999	Maryanne	YUNGA	14/9/1999
Michael	LOMAN	5/12/2006			

### LAJAMANU

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Silas	ALLEN	15/9/1999	Jeffrey	MATTHEWS	15/9/1999
Belinda	BAKER	15/9/1999	Billy	MCDONALD	15/9/1999
Beryl	BARNES	15/9/1999	Elma	MCDONALD	15/9/1999
Geoffrey	BARNES	13/12/2006	Darren	MOKETARINJA	15/9/1999
Margie	BLACKSMITH	15/9/1999	Teddy	MORRIS	15/9/1999
Joseph	BURNS	15/9/1999	Barbara	MORRISON	15/9/1999
Maureen	BURNS	15/9/1999	Trixie	MORRISON	15/9/1999
Rhys	CARLTON	15/9/1999	Lilly	NAKAMARRA	15/9/1999
Henry	COOK	15/9/1999	May	NAPALJARRI	15/9/1999
Sherylne	DANIELS	13/12/2006	Jean	NAPPTS	15/9/1999
Tina	DICKENSON	15/9/1999	Patsy	NUNGALA	15/9/1999
Bessie	DIXON	22/4/1998	Annette	PATRICK	15/9/1999
Cheryl	DIXON	13/12/2006	Beth	PATRICK	15/9/1999

## LIST OF MEMBERS

30 JUNE 2008

### LAJAMANU (cont.)

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
James	DIXON	15/9/1999	Geneiveve	PATRICK	15/9/1999
Jonathan	DIXON	15/9/1999	Jason	PATRICK	15/9/1999
Polly	DIXON	15/9/1999	Kylie	PATRICK	15/9/1999
Valda	DIXON	15/9/1999	Magdalene	PATRICK	15/9/1999
Agnes	DONNELLY	15/9/1999	Myra	PATRICK	15/9/1999
Gweneth	EDWARDS	15/9/1999	Norbert	PATRICK	10/1/1998
Geraldine	GALLAGHER	15/9/1999	Tracy	PATRICK	14/9/2005
Robert	GEORGE	15/9/1999	Sophia	PATTERSON	13/12/2006
Timothy	GIBSON	15/9/1999	Valerie	PATTERSON -JAMES	15/7/2004
Jacko	GORDON	15/9/1999	Louisa	PAYTON	15/9/1999
Jeffrey	GORDON	15/9/1999	Mick	RANKIN	28/11/2002
Maisie	GRANITES	15/9/1999	Biddy	RAYMOND	13/12/2006
Mildred	HECTOR	21/9/1999	Peter	RAYMOND	15/9/1999
Wayne	HECTOR	15/9/1999	Margaret	ROBERTSON	15/9/1999
Joy	HERBERT	15/7/2004	Steven	ROBERTSON	13/12/2006
Joyce	HERBERT	15/9/1999	Mary	ROCKMAN	11/11/1998
Cecily	JAMES	13/12/2006	Mona	ROCKMAN	15/9/1999
Justina	JAMES	15/9/1999	Peggy	ROCKMAN	15/9/1999
Lealy	JAMES	15/9/1999	Darryl	RONSON	15/9/1999
Vivianne	JAMES	13/12/2006	Jean	RONSON	15/9/1999
Maria	JIGILI	15/9/1999	Henry	ROSE	15/9/1999
Peter	JIGILI	13/12/2006	Topsy	SAMOSON	15/9/1999
Ruth	JIGILI	15/9/1999	Tony	SAMPSON	15/9/1999
Thomas	JIGILI	15/9/1999	Mabel	SAMUELS	15/9/1999
Andrew	JOHNSON	13/12/2006	Rhonda	SAMUELS-REX	15/9/1999
Christine	JOHNSON	13/12/2006	Lilly	SCOBIE	15/9/1999
Loretta	JOHNSON	15/9/1999	Rachel	SEELA	15/9/1999
William	JOHNSON	31/8/1998	David	SELLA	15/9/1999
Joe	JUMPAGA	15/9/1999	Agnes	SIMON	15/9/1999
Alice	KELLY	15/9/1999	Annie	SIMON	13/12/2006
Angela	KELLY	13/12/2006	Kitty	SIMON	15/9/1999
Damien	KELLY	15/9/1999	May	SIMON	15/7/2004
Dion	KELLY	13/12/2006	Victor	SIMON	15/9/1999
Erid	KELLY	13/12/2006	Betty	STAFFORD	15/9/1999
Bobby	KENNEDY	15/9/1999	Douglas	TASMAN	15/9/1999
Tim	KENNEDY	15/9/1999	Gideon	TASMAN	13/12/2006
Louise	LAWSON	15/9/1999	Gladys	TASMAN	13/12/2006
Robyn	LAWSON	14/9/2005	Lynnette	TASMAN	13/12/2006
Della	LEWIS	11/11/1998	Richard	TASMAN	13/12/2006
Doris	LEWIS	15/9/1999	Biddy	TIMMS	13/12/2006
Mavis	LEWIS	15/9/1999	Gloria	TIMMS	15/9/1999
Russell	LEWIS	15/9/1999	Jenny	TIMMS	15/9/1999
Sabrina	LEWIS	15/9/1999	Judy	WALKER	15/9/1999
Nathan	LOVEGROVE	15/9/1999	Nora	WALKER	15/9/1999
Alison	LUTHER	15/9/1999	Susie	WATSON	15/9/1999
Ursula	MARKS	15/9/1999	Vanessa	WAYNE	15/9/1999
Judy	MARTIN	15/9/1999	Popeye	YOUNG	15/9/1999
Shaun	MARTIN	15/9/1999			



## LIST OF MEMBERS

30 JUNE 2008

### LINGARA

FIRST NAME	LAST NAME	DATE REGISTERED
Riley	YOUNG	20/9/1999

### MARRALUM

FIRST NAME	LAST NAME	DATE REGISTERED
David	JABINEE	9/10/1999
Wendy	SIMON	9/10/1999

### MIALUNI

FIRST NAME	LAST NAME	DATE REGISTERED	FIRST NAME	LAST NAME	DATE REGISTERED
Audrey	AHWON	9/7/1999	Lenny	LITTLE	14/10/1999
Christine	AHWON	14/10/1999	Mandy	LITTLE	9/7/1999
Marjorie	AHWON	9/7/1999	Trevor	LITTLE	9/7/1999
Kenivan	ANTHONY	14/10/1999	Patrick	NELSON	9/7/1999
Duncan	BERO	9/7/1999	Johnny	NIPPER	9/7/1999

### MIALUNI (cont.)

FIRST NAME	LAST NAME	DATE REGISTERED	FIRST NAME	LAST NAME	DATE REGISTERED
Vivianne	BRADSHAW	9/7/1999	Mary	PACKSADDLE	14/10/1999
Kimberley	CLIFTON	9/7/1999	Edna	WATERLOO	14/10/1999
Lloyd	CLIFTON	9/7/1999	Freda	WATERLOO	14/10/1999
Eileen	HUMBERT	28/11/2002	Rita	WATERLOO	9/7/1999
Henry	HUMBERT	14/10/1999	Wilfred	WATERLOO	9/6/1999
Sammy	HUMBERT	9/7/1999	Henrick	WIDALDJIL	9/7/1999
Adrian	LEERING	9/7/1999	Ronnie	WIDALDJIL	9/7/1999
Vincent	LEERING	9/6/1999	Charlot	YAIYAI	9/7/1999

### MISTAKE CREEK

FIRST NAME	LAST NAME	DATE REGISTERED	FIRST NAME	LAST NAME	DATE REGISTERED
Anastacia	CARLTON	9/8/1999	Robert	ROSEWOOD	9/8/1999
Johnny	CLYDEN	9/8/1999	William	ROSEWOOD	9/8/1999
Jessie	COOK	9/8/1999	Jill	ROSWOOD	9/8/1999
Julienne	GORDON	9/8/1999	Lilly	ROSWOOD	9/8/1999
Chris	GRIFFITHS	9/8/1999	Erica	WARD	9/8/1999

### MYATT

FIRST NAME	LAST NAME	DATE REGISTERED	FIRST NAME	LAST NAME	DATE REGISTERED
Peter	MICK	13/10/1999	Florence	JONES	9/6/1999
Clara	PADDY	13/10/1999	Josephine	JONES	9/6/1999
Chook	SAMBO	13/10/1999	Quinas	JONES	9/6/1999
Betty	SMILER	13/10/1999	Susan	JONES	9/6/1999
Largut	SMILER	13/10/1999	Jerry	JONES SNR	29/7/1999
Jimmy	BITTY	9/6/1999	May	LEWIS	9/6/1999
Felix	BUNDUCK	9/6/1999	Ninah	LEWIS	9/6/1999
Tommy	DODD	9/6/1999	Eric	LEWIS SNR	9/6/1999
Kim	HARRY	9/6/1999	David	LONG	9/6/1999

## LIST OF MEMBERS

30 JUNE 2008

### MYATT (cont.)

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Sheila	HECTOR	9/6/1999	Gordon	MARCHANT	9/6/1999
Felicity	JIMARIN	9/6/1999	James	PARRY	9/6/1999
Josephine	JIMARIN	9/6/1999	Michelle	PARRY	9/6/1999
Jonas	JOHNSON	9/6/1999	Pauline	RAYMOND	9/6/1999
Caroline	JONES	9/6/1999	Scotty	RAYMOND	9/6/1999
Debra	JONES	4/3/1998			

### PIGEON HOLE

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Fiota	ALGY	7/12/2006	Debra	EDWARDS	21/9/1999
Freddy	ALGY	21/9/1999	Eunice	HECTOR	7/12/2006
Jenny	ALGY	21/9/1999	Mildred	HECTOR	7/12/2006
Christine	ANZAC	21/9/1999	Nathan	HECTOR	21/9/1999
Christopher	ANZAC	21/10/1999	Raymond	HECTOR	20/4/1998
Elmore	ANZAC	7/12/2006	Shiela	HECTOR	7/12/2006
Florrie	ANZAC	21/9/1999	Tony	HECTOR	9/6/1999
Nancy	ANZAC	21/9/1999	Lorraine	JOHNS	16/4/1998
Peter	ANZAC	15/7/2004	Marjorie	KING	21/9/1999
Barbara	BOBBY	21/9/1999	Douglas	MICK	21/9/1999
Maryann	BOBBY	21/9/1999	Damien	PALASCO	7/12/2006
Maryanne	BOBBY	7/12/2006	Anne	POLLOCK	7/12/2006
Wayne	BOBBY	21/9/1999	Scotty	RAYMOND	7/12/2006
Warrick	CAMPBELL	7/12/2006	Tina	SCOTT	7/12/2006
Christine	DALY	20/9/1999	Wayne	SCOTT	7/12/2006
Cynthia	DALY	21/9/1999	Darren	SMITH	7/12/2006
Ebony	DALY	7/12/2006	Anthony	WILLIAMS	7/12/2006
Danella	DOUGLAS	21/9/1999	David	WILLIAMS	7/12/2006
Larissa	DOUGLAS	21/9/1999	Topsy		21/9/1999

### POLICE HOLE

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Peter	NEWRY	21/4/1998

### TIMBER CREEK

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Roy	HARRINGTON	10/6/1998	John (dusty)	SHAW	30/9/2004
Larry	JOHNS	28/11/2002	Elaine	WATTS	17/4/1998
Ronald	ROE	17/4/1998			

### TOP SPRINGS

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Noreen	RAVEN	21/4/1998

## LIST OF MEMBERS

30 JUNE 2008

### YARRALIN

<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>	<i>FIRST NAME</i>	<i>LAST NAME</i>	<i>DATE REGISTERED</i>
Billy	ANZAC	17/10/1999	Peggy	HARRISON	17/10/2000
Greenie	ANZAC	20/9/1999	Sally	HECTOR	20/9/1999
Iris	BANJO	20/9/1999	Niwa (Iena)	HUMBERT	20/9/1999
Goodooga	BARDLE	20/9/1999	Rita	JACKY	20/9/1999
Gilbert	BILLY	20/9/1999	Lilly	JAMES	20/9/1999
Goodooga	BILLY	20/9/1999	Kathleen	JIDDUR	20/9/1999
Greg	BISHOP	20/9/1999	Colin	JIMMY	20/9/1999
Louisa	BISHOP	20/9/1999	George	JONES	20/9/1999
Colin	CAMPBELL	11/11/1998	Alicia	KING	17/10/2000
George	CAMPBELL	15/7/2004	Fabian	LONG	20/9/1999
Kerryanne	CAMPBELL	20/9/1999	Terrance	LONG	20/9/1999
Lisa	CAMPBELL	20/9/1999	Joan	MAY	20/9/1999
Nancy	CAMPBELL	20/9/1999	Charlie	NEWRY	26/11/1999
Raymond	CAMPBELL	20/9/1999	Brian	PEDWELL	14/4/1998
Samantha	CAMPBELL	20/9/1999	Darryl	PITCHER	20/9/1999
Sandra	CAMPBELL	20/9/1999	Susan	RAYMOND	20/9/1999
Simon	CAMPBELL	17/10/2000	Warren	RAYMOND	20/9/1999
Captain	CHARCOAL	17/10/2000	Francis	ROSAS	20/9/1999
Jimmy	CHUBB	20/9/1999	Raymond	ROSAS	20/9/1999
Peggy	CHUBB	20/9/1999	Wendy	ROSE	20/9/1999
Peter	CHUBB	20/9/1999	Maureen	SHAW	20/9/1999
Cedrick	DALY	20/9/1999	Wayne	SHORT	20/9/1999
Julie	DALY	20/9/1999	David	SLIM	20/9/1999
Margaret	DALY	20/9/1999	Lindsay	SLIM	20/9/1999
Patsy	DALY	20/9/1999	Jack	SMILER	20/9/1999
Brian	DARBY	20/9/1999	Jock	VINCENT	20/9/1999
Ruth	DARBY	20/9/1999	Jill	WALABY	20/9/1999
Karen	DIXON	20/9/1999	Pansy	WARDLE	20/9/1999
Darren	DODD	20/9/1999	Agnes	WIDDIBURR	20/9/1999
Judith	DONALD	20/9/1999	Horace	WILDMAN	20/9/1999
Brian	FRIDAY	20/9/1999	David	WILLIAMS	20/9/1999
Duncan	GEORGE	17/10/2000	Irene	WILLIAMS	20/9/1999
David	GORDON	20/9/1999	Nora	WILLIAMS	20/9/1999
Julie	GORDON	20/9/1999	Barry	YOUNG	20/9/1999
William	GULWIN	4/3/1998	Harry	YOUNG	20/9/1999
Donald	HARRISON	17/10/2000	Lucy	YOUNG	20/9/1999

**OATSIHS & DHCS  
INCOME AND EXPENDITURE STATEMENT  
YEAR ENDED 30 JUNE 2008**

	2008 \$	2007 \$
<b>OPERATING REVENUE</b>		
<b>Grants</b>		
Dept. of Health and Ageing - Operational	4,000,757	3,864,188
-PIRS	129,095	126,317
- Capital	117,000	69,000
Department of Health and Community Services	3,092,905	3,063,777
Health Strategies	0	50,814
Bulk Billing	500,000	602,000
Admin fee	0	129,000
Reimbursements	0	81,279
Rent	0	3,601
Profit on sale of assets	0	39,773
Unexpended grants B/F	443,493	266,743
Unexpended grants C/F		
- PIRS	0	(116,851)
- Healthy for life	(369,913)	(184,018)
- Cultural orientation	(69,519)	0
- Intranet CQI	(9,892)	(26,350)
- Tobacco control	(31,319)	0
- Capital -Pigeon Hole	(35,000)	(35,000)
- Yarralin	(25,000)	(25,000)
- Kalkaringi	(19,259)	(4,500)
- Lajamanu	(7,863)	(4,500)
<b>TOTAL OPERATING REVENUE</b>	7,715,485	7,900,273
<b>OPERATING EXPENDITURE</b>		
<b>General operating costs</b>		
Accounting fees	45,438	30,217
Admin fee	51,924	20,000
Advertising	3,136	10,762
Annual Report	11,792	6,659
Audit fees	12,323	12,536
Bank charges	3,445	2,175
Cleaning	31,071	32,189
Communications	76,342	78,230
Consultants	149,840	62,834
Consumables	2,232	3,667
Donation	1,005	0
Electricity	109,673	111,435
Freight	48,481	44,803

(The statement of income and expenditure has been prepared net of goods and services tax)

**OATSIHS & DHCS**  
**INCOME AND EXPENDITURE STATEMENT (Contd)**  
**YEAR ENDED 30 JUNE 2008**

	2008	2007
	\$	\$
<b>OPERATING EXPENDITURE (Contd)</b>		
General and other expenses		
Ground maintenance	7,001	1,715
Hire of equipment	14,131	22,363
Insurance	83,277	89,403
IT Hosting	114,838	169,226
IT Medisys	0	345
IT Computer equipment	5,857	20,542
Postage	4,059	2,700
Professional Indemnity Insurance	10,935	26,406
Professional development	22,852	23,435
Library	3,273	9,272
Meeting costs	16,568	10,937
Rates	0	1,611
Recruitment and relocation	202,505	151,944
Rent	365,076	352,998
Resource development	696	0
Subscriptions and membership	2,540	2,565
Telephone and facsimile	130,990	94,418
Training	17,102	15,158
Uniforms	2,281	4,698
Security	4,618	3,639
<i>Motor vehicle expense</i>		
Fuel and oil	109,561	110,481
Repairs and maintenance	101,128	66,533
Lease repayments	7,383	0
Registration	15,072	14,920
<i>Repairs and maintenance</i>		
Property maintenance	4,856	0
Repairs and Maintenance- Plant & Equipment	33,471	44,72
- Computer Equipment	1,636	0
- Furniture & Fittings	33,435	28,670
- Buildings	42,524	33,215
<i>Supplies</i>		
Pharmacy	100,194	105,173
Medical and dental supplies	153,583	144,308
Office supplies	42,406	34,266

(The statement of income and expenditure has been prepared net of goods and services tax)



**OATSIHS & DHCS**  
**INCOME AND EXPENDITURE STATEMENT (Contd)**  
**YEAR ENDED 30 JUNE 2007**

	2008	2007
	\$	\$
<b>OPERATING EXPENDITURE (Contd)</b>		
<i>Staff salaries, wages and related costs</i>		
Wages and salaries	3,637,302	3,844,856
Overtime	445,302	482,332
Superannuation	370,967	371,000
FBT	79,457	166,461
Community Based Liason workers	0	3,961
Recreation leave and fares	10,150	7,331
FOIL	38,940	65,878
Other	10,104	7,576
Workers compensation	100,696	55,650
<i>Other</i>		
Writeback state cheques	(1,456)	0
Provision for doubtful debts	2,000	2,323
<i>Travel</i>		
Travel and accommodation – staff	406,773	418,901
Travel and accommodation – board	147,076	148,947
Travel and accommodation – other	0	1,726
Travel and accommodation – patients	6,393	858
Travel and accommodation – specialists	35,377	13,481
<i>Health and Other Programs</i>		
SIIP		
Doctors Locum	153,736	51,402
THS services purchased	63,020	61,884
Health Promotions	4,170	4,607
<b>TOTAL OPERATING EXPENDITURE</b>	<u>7,710,557</u>	<u>7,710,889</u>
<b>CAPITAL PURCHASES</b>		
Motor Vehicles	52,922	88,752
Computers	45,267	44,644
Furniture & Fittings	26,787	129,944
<b>TOTAL CAPITAL PURCHASES</b>	<u>124,976</u>	<u>263,340</u>
<b>DEFICIT FOR THE YEAR</b>	<u>(120,048)</u>	<u>(223,367)</u>

(The statement of income and expenditure has been prepared net of goods and services tax)

**STATEMENT OF INCOME AND EXPENDITURE**

**MINYERRI CAPITAL**

**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Carried forward 2007	66,301	66,301
	<hr/>	<hr/>
	66,301	66,301
	<hr/>	<hr/>
<b>EXPENDITURE</b>		
Consultants	60,361	66,301
	<hr/>	<hr/>
	60,361	66,301
	<hr/>	<hr/>
Surplus	5,940	0
	<hr/>	<hr/>
Transfer to unexpended grants	(5,940)	0
	<hr/> <hr/>	<hr/> <hr/>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE**  
**MOBILE SERVICES**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Health Strategies	439,479	438,000
2006 surplus brought forward	35,210	35,210
2007 surplus brought forward	77,114	77,114
	<hr/> 551,803	<hr/> 550,324
<b>EXPENDITURE</b>		
Freight	0	500
Consultants	25,493	35,210
Pharmaceuticals	3,788	5,500
Medical / Dental supplies	8,721	5,000
Services purchased	199,039	203,210
Insurance	0	1,500
Training	4,172	1,500
Telephone	405	1000
Travel and accommodation - staff	21,113	17,260
Superannuation	14,077	12,000
Wages and salaries	129,860	152,030
Overtime	23,289	20,000
Professional development	1,000	2,000
Staff relocation	5,180	2,000
Fuel/oil	7,014	7,500
Repairs & maintenance	3,724	5,000
Registration	1,197	1,000
Plant & equipment	5,120	5,000
Motor vehicles	54,085	73,114
	<hr/> 507,277	<hr/> 550,324
Surplus	<hr/> 44,526	<hr/> 0
Transfer to unexpended grants	<hr/> (44,526)	<hr/> 0
	<hr/> <hr/>	<hr/> <hr/>

\*Funds Committed at 30 June 2008 for the purchase of motor vehicles amounted to \$17,909

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE  
GOVERNANCE TRAINING  
YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Unexpended grant brought forward	54,851	54,851
	<hr/>	<hr/>
	54,851	54,851
	<hr/>	<hr/>
<b>EXPENDITURE</b>		
Consultants	21,670	19,000
Training	6,885	13,551
Travel - Board	7,805	20,000
Travel – Other	0	2,300
	<hr/>	<hr/>
	36,360	54,851
	<hr/>	<hr/>
Surplus	18,491	0
	<hr/>	<hr/>
Transfer to unexpended grants	(18,491)	0
	<hr/> <hr/>	<hr/> <hr/>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE  
STI EDUCATION  
YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Unexpended grant brought forward	6,127	6,127
	<u>6,127</u>	<u>6,127</u>
<b>EXPENDITURE</b>		
Consultants	0	6,127
	<u>0</u>	<u>6,127</u>
Surplus	6,127	0
Transfer to unexpended grants	(6,127)	0
	<u><u>6,127</u></u>	<u><u>0</u></u>

(The statement of income and expenditure has been prepared net of goods and services tax.)



**STATEMENT OF INCOME AND EXPENDITURE**  
**MOODITJ TRAINING AND EDUCATION**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Dept. of Health and Ageing	53,810	53,810
	<u>53,810</u>	<u>53,810</u>
<b>EXPENDITURE</b>		
Consultants	0	11,550
Travel and Accommodation – Staff	5,418	32,820
Travel and Accommodation – Other	0	7,640
Training	788	1,800
	<u>6,206</u>	<u>53,810</u>
Surplus	47,604	0
Transfer to unexpended grants	<u>(47,604)</u>	<u>0</u>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE**  
**AOD**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Dept. of Health and Ageing	82,775	82,775
	<hr/>	<hr/>
	82,775	82,775
	<hr/>	<hr/>
<b>EXPENDITURE</b>		
Admin Fee	7,525	7,525
Audit	0	2,000
IT Computer Equipment	1,899	1,500
Repairs and maintenance	2,136	0
Wages and Salaries	12,597	25,000
Community Based Liason Workers	0	12,500
Workers compensation	0	7,500
Staff Training	0	1,500
Superannuation	936	1,250
Staff Recruitment	30	4,000
Motor vehicle hire	2,272	5,000
Travel and accommodation – Staff	15,110	9,000
Travel and accommodation – Board	0	4,000
Travel and accommodation – other	0	2,000
	<hr/>	<hr/>
	42,505	82,775
	<hr/>	<hr/>
Surplus	40,270	0
	<hr/>	<hr/>
Transfer to unexpended grants	(40,270)	0
	<hr/> <hr/>	<hr/> <hr/>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE**  
**NTER – PHASE 2 ADVANCE**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Dept. of Health and Ageing	699,000	699,000
	<hr/> 699,000	<hr/> 699,000
<b>EXPENDITURE</b>		
Hire of equipment	19,242	20,000
Pharmaceuticals	25,723	20,000
Capital – Buildings	0	450,000
Staff relocation	329	12,500
Staff recruitment	13,418	12,500
Motor vehicle – fuel	3,310	10,000
Motor vehicle – hire	9,507	50,000
Travel and accommodation – staff	25,735	124,000
	<hr/> 97,264	<hr/> 699,000
Surplus	<hr/> 601,736	<hr/> 0
Transfer to unexpended grants	<hr/> <u>(601,736)</u>	<hr/> <u>0</u>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE**  
**INTER – PHASE 2 HEARING**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Dept. of Health and Ageing	46,309	46,309
	<u>46,309</u>	<u>46,309</u>
<b>EXPENDITURE</b>		
Wages and Salaries	9,936	46,309
	<u>9,936</u>	<u>46,309</u>
Surplus	<u>36,373</u>	0
Transfer to unexpended grants	<u>(36,373)</u>	<u>0</u>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE**  
**ENTER – PHASE 2 PHC**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Dept. of Health and Ageing	935,873	935,873
	<u>935,873</u>	<u>935,873</u>
<b>EXPENDITURE</b>		
Admin fee	172,781	170,688
Capital – computer equipment	25,517	20,000
Wages and salaries	81,864	745,185
Superannuation	7,966	0
	<u>288,128</u>	<u>935,873</u>
Surplus	<u>647,745</u>	0
Transfer to unexpended grants	<u>(647,745)</u>	<u>0</u>

(The statement of income and expenditure has been prepared net of goods and services tax.)



**STATEMENT OF INCOME AND EXPENDITURE**  
**NTER – PHASE 1**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Dept. of Health and Ageing	173,917	173,917
	<hr/>	<hr/>
	173,917	173,917
	<hr/>	<hr/>
<b>EXPENDITURE</b>		
Wages and Salaries	134,643	128,350
Superannuation	10,192	12,227
Travel and accommodation other	22,152	33,340
Capital	4,150	0
Equipment < \$5,000	8,383	0
Freight	107	0
Medical and dental supplies	1,491	0
Office supplies	56	0
Professional indemnity insurance	5,490	0
Telephone	372	0
Staff relocation/ recruitment	3,024	0
Motor vehicle fuel	1,069	0
	<hr/>	<hr/>
	191,129	173,917
	<hr/>	<hr/>
Deficit	(17,212)	0
	<hr/> <hr/>	<hr/> <hr/>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE**  
**THE FRED HOLLOWS FOUNDATION**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Unexpended grant brought forward	60,000	60,000
The Fred Hollows Foundation	60,000	60,000
	<u>120,000</u>	<u>120,000</u>
<b>EXPENDITURE</b>		
Consumables	149	1,000
Meeting costs	0	2,000
Resource development	213	4,000
Capital – computer equipment	1,908	3,000
Capital – Library	0	500
Wages and salaries	87,887	85,000
Staff training	3,774	500
Superannuation	7,322	7,500
Staff relocation	0	2,000
Staff recruitment	0	2,000
Professional development	1,157	2,000
Motor fuel	2,945	2,500
Travel and accommodation – staff	5,267	8,000
	<u>110,622</u>	<u>120,000</u>
Surplus	9,378	0
Transfer to unexpended grants	<u>(9,378)</u>	<u>0</u>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE  
THE SMITH FAMILY  
YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Unexpended grant brought forward	47,417	47,417
The Smith Family	110,000	150,000
	<hr/>	<hr/>
	157,417	197,417
	<hr/>	<hr/>
<b>EXPENDITURE</b>		
Advertising	0	2,000
Consultants	4,490	10,000
Meeting costs	279	2,000
Resource development	262	70,000
Capital – computer equipment	2,080	3,000
Capital – Plant & machinery	835	2,000
Wages and salaries	46,025	78,017
Staff training	140	1,000
Superannuation	3,149	7,200
Staff relocation	2,156	3,000
Professional development	200	2,000
Motor vehicle – fuel	719	1,000
Motor vehicle – lease repayments	5,467	8,200
Travel and accommodation – staff	2,323	8,000
	<hr/>	<hr/>
	68,125	197,417
	<hr/>	<hr/>
Surplus	89,292	0
	<hr/>	<hr/>
Transfer to unexpended grants	(89,292)	0
	<hr/> <hr/>	<hr/> <hr/>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE  
TOBACCO CONTROL  
YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Unexpended grant brought forward	47,273	47,273
Dept. of Health and Ageing	62,000	185,981
	<hr/>	<hr/>
	109,273	233,254
	<hr/>	<hr/>
<b>EXPENDITURE</b>		
Admin fee	21,204	21,204
Audit	2,000	2,000
Consultants	0	25,000
Donation	550	0
IT – Computer equipment	1,993	3,000
Resource development	237	3,000
Wages and salaries	31,785	137,136
Staff training	948	2,000
Superannuation	2,462	4,194
Staff relocation	2,553	4,000
Professional development	2,409	5,000
Motor vehicle – fuel	459	1,000
Motor vehicle – lease repayments	7,383	17,720
Travel & accommodation – Staff	3,971	8,000
	<hr/>	<hr/>
	77,954	233,254
	<hr/>	<hr/>
Surplus	31,319	0
	<hr/>	<hr/>
Transfer to unexpended grants	(31,319)	0
	<hr/> <hr/>	<hr/> <hr/>

(The statement of income and expenditure has been prepared net of goods and services tax.)

**STATEMENT OF INCOME AND EXPENDITURE**  
**HEALTHY FOR LIFE**  
**YEAR ENDED 30 JUNE 2008**

	2008 Actual \$	2008 Budget \$
<b>INCOME</b>		
Unexpended grant brought forward	184,018	184,018
Dept. of Health and Ageing	474,911	474,911
	<hr/>	<hr/>
	658,927	658,929
	<hr/>	<hr/>
<b>EXPENDITURE</b>		
Admin fee	30,720	30,720
Consumables	724	5,000
Meeting costs	2,131	2,000
Resource development	459	18,182
Furniture & fittings	5,744	7,273
Computer equipment	10,858	8,000
Motor Vehicles	52,922	52,000
Wages & salaries	150,920	425,223
Staff training	450	6,364
Superannuation	9,038	37,350
Staff recruitment	6,580	14,168
Motor vehicle – fuel	2,287	7,000
- repairs & maintenance	0	6,000
Repairs & maintenance – plant & equipment	0	5,455
Travel & accommodation – staff	14,764	27,954
Rent	1,417	6,240
	<hr/>	<hr/>
	289,014	658,929
	<hr/>	<hr/>
Surplus	369,913	0
	<hr/>	<hr/>
Transfer to unexpended grants	(369,913)	0
	<hr/> <hr/>	<hr/> <hr/>

(The statement of income and expenditure has been prepared net of goods and services tax.)



## FUNDS ACQUITTANCE CERTIFICATE

We hereby certify that the project funds by the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Department of Health and Community Services have been used for the agreed purpose(s) and further certify the following:

That all terms and conditions of the Letter of Offer and Funding Agreement were complied with;

That all accounts represent a true and fair record;

The Health Board has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and including the lodgement of statutory returns and accounts where applicable;

Funds have been used for the purpose for which they were provided;

Assets or services acquired with the funding have been acquired in fair and open competition and in accordance with the approved procurement method as described in the funding agreement;

The income and expenditure statement for the financial year is attached;

The Health Board's statutory audited financial statements are included in this financial report.



.....  
Sean Heffernan - Chief Executive Officer



.....  
Joseph Cox - Chairperson